

<b>Case Number:</b>	CM15-0035507		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	08/20/2001
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old male sustained an industrial injury 8-20-01. Previous treatment included lumbar disc replacement (2004), cervical fusion (2005), bilateral carpal tunnel release (2007), physical therapy, chiropractic therapy and medications. The injured worker was currently receiving ongoing care for anxiety and depression. In a psychology progress report dated 1-15-15, the injured worker stated "I am so tired and depressed. I can only sleep 1-2 hours at a time. I need treatment". The injured worker complained of feelings of insecurity, anxiety and worry. The injured worker's Beck Depression Inventory score was 29. The physician's impression was depression, pain disorder and rule out cognitive disorder. The physician stated that the most important recommendation was a psychiatry referral as the injured worker ran out of Prozac, Ambien, Ativan and Risperidol and had gone "cold turkey" for two months. The physician also recommended follow-up evaluation and management sessions, cognitive and neurobehavioral assessment, cognitive behavioral therapy and biofeedback therapy 4-6 sessions. On 2-11-15, Utilization Review non-certified requests for cognitive behavioral therapy, biofeedback therapy 4-6 sessions, treatment sessions 1 x week and cognitive and neurobehavioral assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cognitive Behavioral Therapy (CBT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker developed psychiatric symptoms secondary to his work-related chronic pain. He completed an initial psychological evaluation with [REDACTED] in December 2014 and January 2015. In the subsequent report, [REDACTED] recommended follow-up psychotherapy/CBT sessions, biofeedback, and a cognitive/neurobehavioral assessment, for which the request under review is based. Unfortunately, the request under review is too generalized and does not indicate an exact number of requested CBT sessions. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." As a result, although [REDACTED] presented relevant and appropriate information to substantiate the need for follow-up CBT sessions, the request is too vague and therefore, not medically necessary.

**Biofeedback Therapy 4-6 Treatment Sessions 1 Time a Week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

**Decision rationale:** Based on the review of the medical records, the injured worker developed psychiatric symptoms secondary to his work-related chronic pain. He completed an initial psychological evaluation with [REDACTED] in December 2014 and January 2015. In the subsequent report, [REDACTED] recommended follow-up psychotherapy/CBT sessions, biofeedback, and a cognitive/neurobehavioral assessment, for which the request under review is based. Unfortunately, the request under review is too generalized as it does not specify an exact number of sessions. Instead, a range is requested. Additionally, the CA MTUS recommends that the use of biofeedback be in conjunction with CBT and it is recommended that there be an initial trial of 3-4 visits. At this time, the injured worker has not been authorized for any cognitive-behavioral treatment. Also, the request exceeds the number of initial sessions set forth by the CA MTUS. As a result, the request is not medically necessary.

**Cognitive and Neurobehavioral Assessment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Neuropsychological Evaluations.

**Decision rationale:** Based on the review of the medical records, the injured worker developed psychiatric symptoms secondary to his work-related chronic pain. He completed an initial psychological evaluation with [REDACTED] in December 2014 and January 2015. In the subsequent report, [REDACTED] recommended follow-up psychotherapy/CBT sessions, biofeedback, and a cognitive/neurobehavioral assessment, for which the request under review is based. It is unclear as to the purpose of an additional cognitive/neurobehavioral assessment as UR authorized a neuropsychological evaluation in February 2015. The request under review appears to be a duplicate request. As a result, the request for a cognitive and neurobehavioral assessment is not medically necessary.