

<b>Case Number:</b>	CM15-0049322		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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:

The injured worker is a 52 year old female, who sustained a work/industrial injury on 1/21/10. She has reported initial symptoms of pain in lower back and right hip. The injured worker was diagnosed as having lumbosacral spine strain/sprain and radiculopathy, right hip strain/sprain, and degenerative disease. Treatments to date included cognitive behavior sessions, epidurals, orthopedic evaluation, medication, and diagnostics. Currently, the injured worker complains of depression. The treating physician's report (PR-2) from 2/17/15 indicated the depressive symptoms. The orthopedic evaluation of 2/9/15 reported complaints of lower back pain that travels to the legs and feet. There were episodes of numbness and tingling in the legs and feet. The right hip had constant aching with pain traveling to the leg. Examination revealed forward flex of 60 degrees with spasm and pain, intact motor function 5/5, decreased sensory function to L5 lateral leg and mid foot. Diagnosis was lumbar spine radiculopathy and right hip tendonitis. Medications included Norco, Citalopram, Carisoprodol, Levothyroxine, and Xanax. Treatment plan included 7 Cognitive behavior psychotherapy (CBT) sessions and 7 Biofeedback sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**7 Cognitive behavior psychotherapy (CBT) sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary last updated 11/19/2014.

**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 was initially evaluated by [REDACTED] in January 2012. She has received both individual psychotherapy as well as periodic biofeedback services since that time. According to UR, the Pt completed 18 individual psychotherapy sessions and 9 biofeedback sessions in 2014. Unfortunately, there is minimal information submitted such as psychotherapy/biofeedback progress notes or PR-2 reports that offer enough evidence to substantiate the need for further treatment. Additionally, the ODG recommends a total of 20 psychotherapy sessions when CBT is being done and there is evidence of objective functional improvement. The request for an additional 7 psychotherapy sessions exceeds the recommended number of sessions set forth by the ODG. As a result, the request is not medically necessary.

**7 Biofeedback sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

**Decision rationale:** Based on the review of the medical records, the injured worker was initially evaluated by [REDACTED] in January 2012. She has received both individual psychotherapy as well as periodic biofeedback services since that time. According to UR, the Pt completed 18 individual psychotherapy sessions and 9 biofeedback sessions in 2014. Unfortunately, there is minimal information submitted such as psychotherapy/biofeedback progress notes or PR-2 reports that offer enough evidence to substantiate the need for further treatment. Additionally, the CA MTUS recommends a total of 10 biofeedback sessions. Therefore, the request for an additional 7 psychotherapy sessions exceeds the recommended number of sessions set forth by the CA MTUS. As a result, the request is not medically necessary.