

<b>Case Number:</b>	CM13-0004311		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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. The expert reviewer is licensed in Psychology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old female who reported a cumulative trauma injury on 12/08/2012. The current diagnoses include depression and anxiety. The latest physician progress report submitted for this review is documented on 04/24/2014. Previous conservative treatment is noted to include physical therapy, chiropractic treatment, medications, and cognitive behavioral therapy. The current medication regimen includes Zoloft, Trazodone, Gabapentin, and Lorazepam. The injured worker reported difficulty concentrating, insomnia, nightmares, and depression. Objective findings were not provided on that date. Treatment recommendations included prescriptions for Zoloft, Trazodone, Gabapentin, and Lorazepam. A previous physical examination was documented on 03/27/2014. The injured worker presented with a depressed, sad, and anxious mood. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback Therapy, 4-6 sessions, 1 x week or every other week or two months:** 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.

**Decision rationale:** The California MTUS Guidelines state biofeedback is not recommended as a standalone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. The California MTUS Guidelines utilize Official Disability Guidelines biofeedback therapy guidelines, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for Biofeedback Therapy, 4-6 sessions, exceeds guideline recommendations. Therefore, the request is not medically appropriate.

**Protocol, 6 initial treatment sessions, 1 x week for two months:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Mental Illness and Stress Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 24.

**Decision rationale:** The California MTUS Guidelines state cognitive behavioral therapy is recommended. The California MTUS Guidelines utilize Official Disability Guidelines cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 6 sessions exceeds guideline recommendations. Therefore, the request is not medically appropriate.

**Cognitive Behavioral Therapy, 6 sessions, 1 x week or every other week for two months:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Mental Illness and Stress Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 24.

**Decision rationale:** The California MTUS Guidelines state that cognitive behavioral therapy is recommended. The California MTUS Guidelines utilize Official Disability Guidelines cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 6 sessions exceeds guideline recommendations. Therefore, the request is not medically appropriate.