

<b>Case Number:</b>	CM14-0119073		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Board Certified in: psychology and is licensed to practice in California. 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:

According to the records that were provided for this independent medical review, this patient is a 50-year old female who reported an industrial/occupational cumulative trauma injury during her normal and usual customary work duties for [REDACTED] on March 31, 2011. Diagnoses were carpal tunnel syndrome, cubital tunnel syndrome, epicondylitis, and CMC joint inflammation of the thumb, stenosis tenosynovitis, and "elements of depression, sleep and stress." She has been prescribed Cymbalta, and Gabapentin. The Cymbalta has been discontinued. She has also been prescribed effects or 75 mg. She is status post-surgical intervention on the left medial epicondyle. She reports ongoing chronic bilateral arm, neck, upper shoulder, wrists and hands pains; there is numbness in the right hand when using a mouse intermittent left hand numbness pain in her elbow. She has been diagnosed with: Depressive Disorder, Sleep Disorder, and Pain Disorder. A request for 12 sessions of the individual psychotherapy and biofeedback was made and not certified by the insurance company; the utilization review rationale for non-certification was stated that there is a pending psychological evaluation and until it is reviewed confirm that problems exist psychotherapy is not supported. This independent medical review will address a request to overturn that decision. There is a note stating that she completed a psychological evaluation conducted by Dr. [REDACTED] associate for Dr. [REDACTED] on June 23 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychologist for 12 individual psychotherapy and Biofeedback: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, Biofeedback Page(s): 23-25..

**Decision rationale:** According to the MTUS treatment guidelines for cognitive behavioral therapy this treatment approach is recommended for patients who are evidencing risk factors for delayed recovery including fear avoidance beliefs for these patients and initial treatment trial of 3 to 4 psychotherapy visits over a two-week period should be offered and then with evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. The official disability guidelines are more generous their offering of 13-20 sessions if the patient responds favorably to an initial course of treatment. Treatment request for psychological treatment should be detailed enough to explain why the treatment is being requested and how many sessions the patient has had in the past if any. I carefully reviewed this patient's entire medical records as are provided to me which consisted of over 250 pages. I was unable to find any detailed notes with regards to prior treatment. It is unclear whether this is an initial request for a new treatment or if it is a continuing request for an ongoing treatment that is already been in progress. If it is an initial request for a new treatment it exceeds the MTUS guidelines, it also ignores the protocol of using an initial a short treatment trial in which the patient demonstrates favorable response prior to authorizing additional treatment sessions. If this is a request for continuing an already in process treatment program I was unable to find any progress notes from prior sessions nor any detailed explanation of how many sessions she has had to date. The request for cognitive behavioral therapy treatment is not supported with sufficient documentation to allow the demonstration of medical necessity. It is entirely possible that the patient may require and should be offered this treatment modality if she is not already had it. However without this information I was unable to overturn the request as it was stated. In addition the request was also including biofeedback. By combining the requests into one is impossible to evaluate the request separately and they must be considered as an all or none the package. So the non-certification of the cognitive behavioral therapy treatment would also include the biofeedback component regardless of its own individual medical necessity. That said I will review the request separately anyways for the treatment provider's consideration. According to the MTUS/ODG guidelines for biofeedback patients should be screened for delayed recovery as well as motivation comply with the treatment regime that requires self-discipline. An initial treatment trial of 3-4 psychotherapy visits over a two-week period should be provided and with evidence of objective functional improvement a total of up to 6-10 visits over a 5 to 6 week period of individual sessions may be offered with the patient continuing biofeedback exercises at home after completion. The request that was made here includes a request for 12 sessions of biofeedback with no initial treatment trial. The request is nonconforming with MTUS protocol and exceeds the quantity maximum. I was unable to find a treatment request specifically stating how this treatment utilization would apply to these patient symptoms there was no detailed request on how this treatment modality would be applied to this patient. I was unable to find a treatment plan for the use of this modality. There was no mention of whether or not the patient has had this treatment already or not since her injury occurred. .

Therefore Psychologist for 12 individuals' psychotherapy and Biofeedback is not medically necessary.