

<b>Case Number:</b>	CM14-0125695		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/27/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 licensed 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:

The claimant is a 52 year-old female (██████████) with a date of injury of 5/27/08. The claimant sustained injury to her right knee and left ankle as the result of a fall while working as an Eligibility Technician II for the ██████████. In the "Visit Note" dated 9/10/14, Physician Assistant, ██████████, under the supervision of ██████████, diagnosed the claimant with: (1) Pain in joint of ankle and foot; (2) Pain in joint of lower leg; and (3) Arthropathy not otherwise specified of site not elsewhere classified. The claimant has been treated for her orthopedic injuries with medications, physical therapy, injections, ice/heat, home exercise program, and acupuncture. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In the "Notice of Voluntary Appeal letter" dated 7/31/14, it is reported that the claimant completed a psychological evaluation on 6/16/14 with psychological assistant, ██████████, under the supervision of ██████████, and was diagnosed with: (1) Major depressive disorder, recurrent, moderate; and (2) Panic disorder without agoraphobia. Unfortunately, the psychological report was not included within the medical records submitted for review. The request under review is for initial sessions following the psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APPEAL of 12 Cognitive behavioral therapy (CBT) sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: and Psychotherapy Guidelines, Mental/ Stress Chapter

**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

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant completed a psychological evaluation in June 2014. However, that report is not included for review. The request for an initial 12 sessions exceeds the initial trial of sessions set forth by the ODG. The ODG recommends an "initial trial of 6 visits over 6 weeks." Given this guideline, the request for "APPEAL of 12 Cognitive behavioral therapy (CBT) sessions" is not medically necessary.

**APPEAL of biofeedback sessions #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, (updated 07/10/2014), Biofeedback Therapy Guidelines

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

**Decision rationale:** The CA MTUS guideline regarding the use of biofeedback will be used as reference for this case. Based on the review of the medical records, the claimant completed a psychological evaluation in June 2014. However, that report is not included for review. The request for an initial trial of 6 biofeedback sessions exceeds the number of initial sessions set forth by the CA MTUS. The CA MTUS recommends an "initial trial of 3-4 visits over 2 weeks." As a result, the request for "APPEAL of biofeedback sessions #6" is not medically necessary.