

<b>Case Number:</b>	CM14-0183894		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 51-year-old female who reported an injury on 02/15/2012 while working as a [REDACTED] artist. While working the register, an assailant came in and robbed the [REDACTED] at gunpoint. The diagnoses included depression, post-traumatic stress disorder, stress reactions, dizziness, headaches, disturbed sleep, poor appetite, and agitation of preexisting vertigo. The injured worker was positive for a history of suicidal ideations. The injured worker had 36 treatments of individualized psychotherapy and 36 visits of biofeedback. In 04/2014, the injured worker had a BDI of 20 and a PDS of 26. The medications included trazodone, sertraline, Abilify, prazosin, levothyroxine, and losartan. The objective signs dated 10/29/2014 revealed the injured worker had a slow and awkward gait, was warm and polite, with good eye contact, with some moderate depression, and was responsive and well organized with her thought process. The treatment plan included an outpatient additional 6 sessions of psychotherapy in conjunction with 6 biofeedback sessions. The Request for Authorization dated 11/12/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional 6 sessions of Psychotherapy in conjunction with 6 biofeedback sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG biofeedback therapy guidelines Page(s): 25.

**Decision rationale:** The request for outpatient additional 6 sessions of psychotherapy in conjunction with 6 biofeedback sessions is not medically necessary. The California MTUS biofeedback therapy guidelines indicate to screen the injured worker for risk factors for delayed recovery, as well as motivation to comply with the treatment regimen, which requires self-discipline. Initial therapy for these at risk patients should be physical medicine experience exercise instruction and use of cognitive motivational approach to physical therapy. It is possible to consider a biofeedback referral in conjunction with CBT after a 4 weeks. An initial trial of psychotherapy is 3 to 4 visits over 2 weeks with evidence of objective functional improvement for a total of 6 to 10 visits over 5 to 6 weeks. The injured worker may continue the biofeedback exercise at home. The clinical findings indicated that the injured worker has progressed and has been practicing biofeedback at home. Additionally, the injured worker received 36 sessions and the request is for an additional 6 session, which exceeds the recommended sessions. As such, the request for outpatient additional 6 sessions of psychotherapy in conjunction with 6 biofeedback sessions is not medically necessary.