

<b>Case Number:</b>	CM14-0085447		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 a licensed Doctor of 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 39 year-old male [REDACTED] with a date of injury of 7/30/09. The claimant sustained injury to his back due to repetitive movements while working as an operations warehouse manager for [REDACTED]. In his progress report dated 2/11/14, treating physician, [REDACTED] diagnosed the claimant with: (1) Lumbar spine HNP with radiculopathy; (2) Mid back strain, rule out disc pathology; (3) Cervical spine HNP with radiculopathy; (4) Sleep deprivation; (5) Stress, anxiety, and depression; and (6) Posttraumatic headaches. Additionally, in his 4/15/14 "Follow-up Pain Management Consultation", [REDACTED] diagnosed the claimant with: (1) Lumbar myoligamentous injury associated bilateral lower extremity radiculopathy; (2) Cervical myoligamentous injury bilateral upper extremity radiculopathy and associated cervicogenic headaches; (3) S/P interbody fusion at L3-4, L4-5, and L5-S1, July 18, 2013 - [REDACTED]; and (4) Medication induced gastritis. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. He has been receiving psychological services through [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy with Biofeedback:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Behavioral Treatment; OGD Cognitive Behavioral Therapy (CBT) Guidelines for low back problems; ODG Biofeedback Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions , Biofeedback Page(s): 23, 24-25.

**Decision rationale:** The CA MTUS guideline regarding the use of behavioral interventions as well as the guideline regarding the use of biofeedback will be used as references for this case. Based on the review of the expansive medical records, the claimant has completed some psychological services with LMFT, [REDACTED], from [REDACTED]. There were progress notes submitted for review dated 12/5/13, 2/18/14, and 2/25/14. The progress notes indicated the completion of CBT, but no biofeedback. It is unclear from the records as to how many sessions have been completed to date. Without this information, the need for further treatment cannot be fully determined. Additionally, the request for "Cognitive Behavioral Therapy with Biofeedback" remains too vague as it does not indicate how many sessions are being requested nor the frequency of the sessions. As a result, the request for "Cognitive Behavioral Therapy with Biofeedback" is not medically necessary.