

<b>Case Number:</b>	CM14-0095835		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Psychologist, 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 74 year-old male (██████████) with a date of injury of 12/6/12. The claimant sustained numerous orthopedic and internal injuries as well as an injury to his psyche when a lift that he was on while painting collapsed, causing the claimant to fall 35 feet to the ground. The claimant sustained this injury while working for ██████████. In the PR-2 report dated 8/29/14, ██████████ diagnosed the claimant with: (1) Traumatic thoracic aorta dissection; and (2) Lumbar radiculopathy. The claimant has also developed symptoms of PTSD in response to his work-related injury. In his "Psychological Status Report" dated 6/18/14, ██████████ diagnosed the claimant with: (1) Post traumatic stress disorder; and (2) Pain disorder associated with both psychological factors and a general medical condition. He further indicated that a diagnosis of Anxiety disorder, NOS should also be considered. The claimant has been treating his psychiatric symptoms with psychotherapy from ██████████ since 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Sessions of Psychotherapy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 394-404, Chronic Pain Treatment Guidelines Behavioral Interventions.

**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 PTSD therefore; the Official Disability Guidelines regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychotherapy and biofeedback sessions from [REDACTED] since 2013. The exact number of sessions is unknown. The claimant remains symptomatic despite some improvements per [REDACTED] latest PR-2 report dated 6/18/14. The ODG indicates that "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials." Given the claimant's chronic pain as well as his anxiety and PTSD symptoms, the request for additional sessions appears appropriate. As a result, the request for an additional "6 Sessions of Psychotherapy" is medically necessary.

**Biofeedback:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 394-404, Chronic Pain Treatment Guidelines Behavioral Interventions.

**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 has been receiving psychotherapy and biofeedback sessions from [REDACTED] since 2013. The exact number of sessions is unknown. The claimant remains symptomatic despite some improvements per [REDACTED] latest PR-2 report dated 6/18/14. The CA MTUS recommends that biofeedback be incorporated into the psychotherapy services and is not to be performed alone. Given the claimant's chronic pain as well as his anxiety and PTSD symptoms, the request for additional biofeedback sessions along with psychotherapy appears appropriate. As a result, the request for additional "Biofeedback" to be completed with the additional 6 sessions of psychotherapy is medically necessary.