

<b>Case Number:</b>	CM15-0015275		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### 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 50 year old female, who sustained an industrial injury on March 8, 2011. She has reported injury to her head, neck and left knee. The diagnoses have included status post left knee injury and muscle contraction and vascular headaches exacerbated by poor sleep and rebound effect and use of analgesic medication. Treatment to date has included diagnostic studies, psychological evaluation, psychiatric evaluation and medications. Currently, the injured worker complains of continued migraine headaches approximately five times a week. She rates her headaches as a 5 on a 1-10 pain scale and reports that they are helped with medication. On November 18, 2014, a psychological evaluation indicated that she has significant emotional pain derived from the physical limitations, physically based disability and chronic pain as a result of industrial injury. This has caused distress and impairment in social, occupational and other important areas of functioning. On January 5, 2015, Utilization Review non-certified initial cognitive behavioral therapy 4 sessions over 4 months, follow up visit with psychologist 1 visit per 8 weeks over 6 months and biofeedback training 4 sessions over 2 months, noting the CA MTUS/ACOEM Guidelines. On January 27, 2015, the injured worker submitted an application for Independent Medical Review for review of initial cognitive behavioral therapy 4 sessions over 4 months, follow up visit with psychologist 1 visit per 8 weeks over 6 months and biofeedback training 4 sessions over 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial cognitive behavioral therapy, 4 sessions over 4 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** Based on the review of the medical records, the injured worker has experienced psychiatric symptoms secondary to her work-related orthopedic injuries and chronic pain. It appears that she received psychological services from [REDACTED] in 2012. There are no reports from [REDACTED] within the record. Despite receiving prior services, the injured worker continues to struggle with psychiatric symptoms. She completed an initial psychological evaluation with [REDACTED] on 11/18/2014. In that report, [REDACTED] recommended an initial 4 psychotherapy sessions over 2-4 weeks, which is recommended by the CA MTUS. It is not unclear why the RFA dated 12/15/2014 requests an initial 4 sessions over 4 mos., which does not align with the CA MTUS recommendations nor [REDACTED] own suggestions. Given the excessive duration of time included in the request, the request for 4 CBT sessions over 4 mos. is not medically necessary.

**Follow up visit with psychologist 1 visit per 8 weeks over 6 months, quantity: 3 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

**Decision rationale:** Based on the review of the medical records, the injured worker has experienced psychiatric symptoms secondary to her work-related orthopedic injuries and chronic pain. It has been recommended that she participate in follow-up psychotherapy and biofeedback services with follow-up office visits with the psychologist once every 8 weeks for 6 mos. Although the ODG supports office visits, the request for follow-up office visits every 8 weeks for 6 mos. is excessive and not medically necessary.

**Biofeedback training 4 sessions over 2 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Biofeedback Therapy Guidelines

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

**Decision rationale:** Based on the review of the medical records, the injured worker has experienced psychiatric symptoms secondary to her work-related orthopedic injuries and chronic pain. It appears that she received psychological services from [REDACTED] in 2012. There are no reports from [REDACTED] within the record. Despite receiving prior services, the injured worker continues to struggle with psychiatric symptoms. She completed an initial psychological evaluation with [REDACTED] on 11/18/2014. In that report, [REDACTED] recommended an initial 4 biofeedback sessions, which is supported by the CA MTUS. Unfortunately, the guidelines recommend an "initial 3-4 biofeedback sessions over 2 weeks" and they are to be conducted in combination with CBT. Given this information, the request for 4 biofeedback sessions over 2 mos. exceeds the recommended duration and is therefore, not medically necessary.