

<b>Case Number:</b>	CM15-0015324		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	09/01/2006
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/16/2015
<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 56 year old male who sustained an industrial injury reported on 9/1/2006. He has reported radiating neck pain into the left shoulder and arm, and headaches. The diagnoses have included chronic neck pain; arthrodesis status; degeneration of cervical intervertebral disc; post-laminectomy syndrome of cervical region; cervical disc displacement; cervical radiculitis; headaches; and major depressive disorder, recurrent and moderate, with panic disorder. Treatments to date have included consultations; diagnostic imaging studies; cervical discectomy, foraminotomy and arthrodesis; with spinal fixation - cervical (8/11); diagnostic left anterior scalene block (12/12); and medication management. The work status classification for this injured worker (IW) was not noted. On 1/6/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 12/31/2014, for 8 cognitive behavioral therapy session - to 6; and non-certified, for medical necessity, the request for 8 biofeedback sessions. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, psychological treatments and biofeedback, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy sessions; 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT)

**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:** Based on the review of the medical records, the injured worker first participated in psychological services in 2013. He was initially evaluated by [REDACTED] in June 2013 and completed 4-6 follow-up psychotherapy sessions with a clinician. According to UR, the injured worker was evaluated once again by [REDACTED] on 10/3/2014. The request for an initial 8 psychotherapy sessions is based upon her treatment recommendations. The ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression. Utilizing this information, the request for an initial 8 sessions exceeds the recommendations and is therefore, not medically necessary.

**Biofeedback; 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback therapy

**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 first participated in psychological services in 2013. He was initially evaluated by [REDACTED] in June 2013 and completed 4-6 follow-up psychotherapy sessions with a clinician. According to UR, the injured worker was evaluated once again by [REDACTED] on 10/3/2014. The request for an initial 8 biofeedback sessions is based upon her treatment recommendations. The CA MTUS recommends the use of biofeedback in conjunction with CBT to treat chronic pain. It further recommends an "initial trial of 3-4 visits over 2 weeks." Given this information, the request for an initial 8 biofeedback sessions exceeds the recommendation and is therefore, not medically necessary.