

<b>Case Number:</b>	CM15-0112440		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	03/02/2004
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female, with a reported date of injury of 03/02/2004. The diagnoses include anxiety disorder and stress with muscle tension. Treatments to date have included psychological treatment. The progress report dated 04/06/2015 indicates that the injured worker complained of headaches, irritability, depression, lack of motivation, withdrawal, anger, and low stress tolerance. The objective findings include a look of frustration, overwhelmed, stressed-out, anger, anxiety, and muscle tension. The treatment plan included attendance of cognitive behavioral therapy one to two times a months for three months. The treating physician requested six office visits of individual or group psychotherapy and biofeedback.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Offices visits of Individual or Group Psychotherapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

**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 & Stress, Cognitive behavioral therapy (CBT).

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for anxiety and stress. When seen, and she was having headaches and was curable. She had depression and lack of motivation. She had a low stress tolerance. Diagnoses included anxiety disorder and stress with muscle tension. Cognitive behavioral therapy and biofeedback were requested. In term of cognitive behavioral therapy, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 7-20 weeks. In this case the number of treatments being requested is within the guideline recommendation and medically necessary.

**Biofeedback:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24 and 25.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Biofeedback.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for anxiety and stress. When seen, and she was having headaches and was curable. She had depression and lack of motivation. She had a low stress tolerance. Diagnoses included anxiety disorder and stress with muscle tension. Cognitive behavioral therapy and biofeedback were requested. Biofeedback is not recommended as a stand-alone treatment, but is an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. In this case, cognitive behavioral therapy was also requested and is appropriate. The requested biofeedback sessions are also medically necessary.