

<b>Case Number:</b>	CM15-0120915		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 60 year old woman, who sustained an industrial injury on 3/13/2014. Diagnoses include episode of mental/clinical disorder, depressive disorder, physical disorders and conditions and severity of psychosocial stressors. Treatment to date has included diagnostics, cognitive behavioral therapy (CBT), psychological evaluation and treatment and medications including Excedrin migraine. Per the Secondary Treating Physician's Progress Report dated 6/02/2015, the injured worker reported that her psychological symptoms have improved since her last meeting with [REDACTED]. Physical examination revealed no significant change in her depressive symptoms based on the Beck Depression Inventory (BDI) score. She scored in the minimum range of clinical depression. There was a decrease in her Beck Anxiety Inventory (BAI) score which showed a decrease in anxiety symptoms. The plan of care included work modifications, additional CBT, biofeedback therapy and group counseling. Authorization was requested for biofeedback therapy, CBT, psychoeducational group and follow-up visit with a psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Biofeedback therapy initial trial of 3-4 visits over 2 weeks per RFA (request for authorization) dated 04/24/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Biofeedback Page(s): 105-127, 24-25.

**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 completed an initial psychological evaluation with [REDACTED], under the supervision of [REDACTED], on 2/24/15. In the report, [REDACTED] recommended follow-up psychological services including psychotherapy and biofeedback in addition to a neurocognitive assessment. It appears that the injured worker completed a total of 3 psychotherapy sessions between 3/25/15 through 4/22/15. Although subsequent sessions have been completed, the request under review is based upon an RFA dated 4/24/15. Three progress notes as well as a PR-2 report dated 4/14/15 are included for review. The report offers relevant and appropriate information regarding the injured workers continued symptoms as well as some of the improvements and progress made. It provides an appropriate argument for continued services. In regards to the use of biofeedback, the CA MTUS recommends biofeedback in conjunction with CBT and recommends an "initial trial of 3-4 visits." As a result of the information provided, the request for 3-4 biofeedback sessions appears reasonable and medically necessary.

**Retrospective request for Cognitive behavioral therapy 6 visits 1time a week over 5-6 weeks per RFA (request for authorization) dated 04/24/15:** Overturned

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

**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: Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED], under the supervision of [REDACTED], on 2/24/15. In the report, [REDACTED] recommended follow-up psychological services including psychotherapy and biofeedback in addition to a neurocognitive assessment. It appears that the injured worker completed a total of 3 psychotherapy sessions between 3/25/15 through 4/22/15. Although subsequent sessions have been completed, the request under review is based upon an RFA dated 4/24/15. Three progress notes as well as a PR-2 report dated 4/14/15 are included for review. The report offers relevant and appropriate information regarding the injured workers continued symptoms as well as some of the improvements and progress made. It provides an appropriate argument for continued services. The ODG recommends the use of CBT for the treatment of depression and recommends "up to 13-20 visits" if progress is being made. Utilizing this guideline, the request for an additional 6 visits appears reasonable and medically necessary.

**Retrospective request for Psycho-educational group 1 time a week over 2 months, quantity: 6 visits per RFA (request for authorization) dated 04/24/15:** Overturned

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

**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: Education.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED], under the supervision of [REDACTED], on 2/24/15. In the report, [REDACTED] recommended follow-up psychological services including psychotherapy and biofeedback in addition to a neurocognitive assessment. It appears that the injured worker completed a total of 3 psychotherapy sessions between 3/25/15 through 4/22/15. Although subsequent sessions have been completed, the request under review is based upon an RFA dated 4/24/15. Three progress notes as well as a PR-2 report dated 4/14/15 are included for review. The report offers relevant and appropriate information regarding the injured workers continued symptoms as well as some of the improvements and progress made. It provides an appropriate argument for continued services. The ODG recommends the use of psychoeducation "especially when combined with emotional support and counseling." As a result, the request for 6 psychoeducational groups is medically necessary.

**Retrospective request for Follow-up visit with psychologist per RFA (request for authorization) dated 04/24/15:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Office Visits.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED], under the supervision of [REDACTED], on 2/24/15. In the report, [REDACTED] recommended follow-up psychological services including psychotherapy and biofeedback in addition to a neurocognitive assessment. It appears that the injured worker completed a total of 3 psychotherapy sessions between 3/25/15 through 4/22/15. Although subsequent sessions have been completed, the request under review is based upon an RFA dated 4/24/15. Three progress notes as well as a PR-2 report dated 4/14/15 are included for review. The report offers relevant and appropriate information regarding the injured workers continued symptoms as well as some of the improvements and progress made. It provides an appropriate argument for continued services. The request for an office visit with the psychologist is to assess the effectiveness of the completed treatments through the use of psychodiagnostic instruments. Although this is not mandatory, the visit helps offer information and provides measurable indications of growth and change. As a result, the request for a follow-up visit with the psychologist is medically necessary.