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| <b>Case Number:</b>   | CM15-0122139 |                              |            |
| <b>Date Assigned:</b> | 07/06/2015   | <b>Date of Injury:</b>       | 02/25/2015 |
| <b>Decision Date:</b> | 08/11/2015   | <b>UR Denial Date:</b>       | 06/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/24/2015 |

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 31 year old female, who sustained an industrial injury on February 25, 2015. Treatment to date has included psychological evaluation and testing. Currently, the injured worker presents for evaluation as defensive and guarded which was attributed to her depression and anxiety. Her manner of communication was tense and pressured and her thought processes were noted to be anxious and disturbed. She did not have a loss of contact with reality in the form of visual or auditory hallucinations and there was no evidence of paranoia or delusions of persecution. Her motivation to recover was impaired by aspects of depression including hopelessness and fatigue and there was no discernible indication of malingering. Her psychological insight and judgment were observed to be essentially unimpaired. A Beck Depression Inventory score was 19 and placed the injured worker in the mild-to-moderate range of subjective depression. A Beck anxiety score was 25 indicating a moderate level of anxiety. The evaluating physician noted that the injured worker exhibited abnormal behavior with emotional withdrawal, visible anxiety and depressive facial expressions when describing her stress. The diagnoses associated with the request include major depressive disorder, generalized anxiety disorder and psychological factors affecting a medical condition. The treatment plan includes cognitive behavioral therapy and biofeedback, internal medicine consultation for physical symptoms, and psychotropic medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral psychotherapy for 6 sessions:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression.

**Decision rationale:** MTUS is silent regarding this issue. ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe major depression or PTSD, up to 50 sessions if progress is being made." Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for cognitive behavioral psychotherapy for 6 sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.

**Biofeedback, 6 sessions:** Upheld

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

**Decision rationale:** MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." The injured worker is not in a cognitive behavioral therapy (CBT) program yet but has been authorized for an initial trial per the UR physician. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. Since the injured worker has already been authorized for an initial trial of CBT, the request for Biofeedback, 6 sessions is not medically necessary.

