

<b>Case Number:</b>	CM15-0178041		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: 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 57 year old male, who sustained an industrial injury on May 19, 2014, incurring neck, upper back, and right elbow injuries. He was diagnosed with lumbar degenerative disc disease, lumbar radiculitis, cervical degenerative disc disease, cervical facet arthropathy, and cervical foraminal stenosis. Treatment included transcutaneous electrical stimulation unit, and cervical facet injections noting the unit helped relieve some of his neck pain but the pain readily returned. Other treatment included Magnetic Resonance Imaging, Electromyography studies, physical therapy and home exercise program, pain medications, anti-anxiety medications, sleep aides, neuropathic medications, anti-inflammatory drugs and activity restrictions and modifications. Currently, the injured worker complained of increased neck pain, migraines and elbow pain. He noted numbness in the right upper extremity. He reported the pain was worse with lying down, lifting, sitting, standing, walking and bending. The pain was noted to improve with physical therapy and medications. He rated his pain 7-8 out of 10 on a pain scale from 1 to 10. The injured worker developed increased depression and anxiety secondary to chronic pain. The treatment plan that was requested for authorization on September 10, 2015, included Biofeedback Therapy, 6 to 10 visits once a week over 5 to 6 weeks and Cognitive Behavioral Therapy 6 to 10 visits once a week over 5 to 6 weeks. On August 14, 2015, the request for Biofeedback Therapy and Cognitive Behavioral Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback therapy 6-10 visits 1 time weekly over 5-6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 2/7/15. In that report, [REDACTED] recommended follow-up psychotherapy services. It appears that the injured worker completed 3 psychotherapy sessions with [REDACTED], between 3/13/15 and 4/2/15. There are three sets of fairly illegible progress notes for those sessions. Based on [REDACTED] QME report dated 6/12/15, the injured worker consulted with and possibly received additional psychological services from [REDACTED] beginning 2/18/15. However, there are no notes included for review from [REDACTED]. In [REDACTED] 4/25/15 PR-2 report, she notes that the injured worker has been seeing [REDACTED] and recommends additional psychotherapy with biofeedback. It is unclear whether these services were authorized or completed as there are no notes within the medical record following [REDACTED] 3rd session with the injured worker dated 4/2/15. The most recent psychological report is from [REDACTED] and dated 7/17/15. In this report, [REDACTED] once again recommends additional treatment including psychotherapy and biofeedback. There is no mention as to the number of completed sessions to date of either modality. Once again, it is unclear whether the injured worker received any psychological services between 4/25/15 and 7/17/15. Without clear and concise information regarding all of the psychological services completed to date, the need for additional treatment cannot be determined. Additionally, the request for 6-10 sessions is too vague and needs to be more specific. As a result, the request for 6-10 biofeedback sessions is not medically necessary.

**Cognitive behavioral therapy 6-10 visits 1 time weekly over 5-6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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] on 2/7/15. In that report, [REDACTED] recommended follow-up psychotherapy services. It appears that the injured worker completed 3 psychotherapy sessions with [REDACTED], between 3/13/15 and 4/2/15. There are three sets of fairly illegible progress notes for those sessions. Based on [REDACTED] QME report dated 6/12/15, the injured worker consulted with and possibly received additional psychological services from [REDACTED] beginning 2/18/15. However, there are no notes included for

review from [REDACTED]. In [REDACTED] 4/25/15 PR-2 report, she notes that the injured worker has been seeing [REDACTED] and recommends additional psychotherapy with biofeedback. It is unclear whether these services were authorized or completed as there are no notes within the medical record following [REDACTED] 3rd session with the injured worker dated 4/2/15. The most recent psychological report is from [REDACTED] and dated 7/17/15. In this report, [REDACTED] once again recommends additional treatment including psychotherapy and biofeedback. There is no mention as to the number of completed sessions to date of either modality. Once again, it is unclear whether the injured worker received any psychological services between 4/25/15 and 7/17/15. Without clear and concise information regarding all of the psychological services completed to date, the need for additional treatment cannot be determined. Additionally, the request for 6-10 sessions is too vague and needs to be more specific. As a result, the request for 6-10 CBT sessions is not medically necessary.