

<b>Case Number:</b>	CM15-0067920		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 42-year-old male, who sustained an industrial injury on 6/27/2013, while employed as a road maintenance worker. He reported crush injury to his pelvis and bilateral lower extremities. The injured worker was diagnosed as having complex regional pain syndrome, chronic pain, lumbar facet joint pain, fracture right tibia, closed fracture left medial malleolus, posttraumatic stress disorder, pain disorder associated with both psychological factors and a general medical condition, anxiety disorder, and depressive disorder. Treatment to date has included physical therapy, surgical intervention (right ankle in 2013), individual psychotherapy, cognitive behavioral therapy (at least 35 sessions) and biofeedback sessions, and medications. Currently, the injured worker complains of bilateral leg pain, back pain, and right wrist pain. Posttraumatic re-experiencing symptoms related to the accident included sleep disturbance and nightmares. He was currently not working. Under consideration at the time was also candidacy for a spinal cord stimulator. The treatment plan included additional cognitive behavioral therapy and biofeedback sessions (x6).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six additional CBT and biofeedback sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for PTSD.

**Decision rationale:** Based on the review of the medical records, the injured worker has completed 36 CBT psychotherapy sessions with biofeedback from treating provider, [REDACTED]. Although the CA MTUS recommends a total of 10 biofeedback sessions for the treatment of chronic pain, there is no such guideline regarding the use of biofeedback for the treatment of PTSD. Therefore, the ODG recommendations regarding the use of cognitive therapy in the treatment of PTSD will primarily be referenced. The guideline indicates that up to 50 sessions can be completed in the treatment of severe presentations of PTSD including those with depression. Given the fact that the injured worker has only completed 36 sessions, an additional 6 sessions is within the recommended guidelines and appears reasonable. As a result, the request of an additional 6 sessions of CBT with biofeedback is medically necessary.