

<b>Case Number:</b>	CM15-0067987		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/26/2015
<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 54 year old female, who sustained an industrial/work injury on 4/27/11. He reported initial complaints of neck, back, and both upper extremities. The injured worker was diagnosed as having major depressive disorder and generalized anxiety disorder, s/p elbow lateral epicondylitis. Treatment to date has included medication, diagnostics, surgery (left elbow surgery on 1/3/13), physical therapy, cortisone injection for the elbow, and psychotherapy for pain management. Currently, the injured worker complains of depression, sleep disturbance, anxiety, headache, neck, shoulder, back muscle tension and pain, shortness of breath, chest pain, peptic acid reaction, and constipation. Per the treating physician's psychological report on 3/10/15, examination reported the injured worker having anxiety, diminished cognitive functioning, deficits in concentration, attention, and short term memory. Beck Depression Anxiety demonstrated mild range of subjective depression. Neuroticism Scale Questionnaire demonstrated abnormal depression. The requested treatments include Initial trial cognitive behavioral therapy and biofeedback.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial trial cognitive behavioral therapy x6 sessions:** Overturned

**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, cognitive behavioral therapy (CBT).

**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] in March 2015. In that 3/10/15 report, [REDACTED] indicated that the injured worker had not received any prior psychological treatment. He recommended an initial trial of 6 psychotherapy visits as well as 6 biofeedback sessions and 2 medication management sessions. The request under review pertains to the initial 6 CBT sessions recommended by [REDACTED]. Given the fact that the injured worker has not received prior psychological services and she is struggling with psychiatric symptoms of depression and anxiety secondary to her work-related injury and chronic pain, the request for an initial 6 sessions appears reasonable and falls within the ODG recommendations. As a result, the request for an initial trial of CBT for 6 sessions is medically necessary.

**Biofeedback x6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines biofeedback therapy guidelines.

**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] in March 2015. In that 3/10/15 report, [REDACTED] indicated that the injured worker had not received any prior psychological treatment. He recommended an initial trial of 6 psychotherapy visits as well as 6 biofeedback sessions and 2 medication management sessions. The request under review pertains to the 6 biofeedback sessions recommended by [REDACTED]. Although the CA MTUS recommends an initial trial of 3-4 biofeedback sessions for the treatment of chronic pain, the biofeedback services recommended by [REDACTED] is for the treatment of anxiety as well as pain. Given the fact that the injured worker has not received prior psychological services and she is struggling with psychiatric symptoms of depression and anxiety secondary to her work-related injury and chronic pain, the request for an initial 6 biofeedback sessions appears reasonable and medically necessary.