

<b>Case Number:</b>	CM15-0074942		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/05/1999
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female who sustained a work related injury January 5, 1999. While putting files away, she heard and felt her left shoulder pop and her arm felt tingling and numb down to her fingers. Of note, she had a prior injury to her left wrist and hand that manifested after typing 7-8 hours a day. Past history included; left carpal tunnel syndrome, left lateral epicondylitis, right knee surgery x 2; 2000, 2002 and left shoulder surgery x 2; 2005 and 2006. According to a psychological status report, dated April 7, 2015, the injured worker presented for depression with the past injuries having a deleterious effect on her personal relationships and health. Other concurrent problems included disordered thinking, marital discord, and financial difficulties. She continues to suffer from chronic migraines, rated 7/10, and was injured in 2001 after falling down a flight of stairs, causing bilateral wrist fractures, as well as non-industrial knee problems. Current medication included Norco, Fentanyl patch, Lidocaine patch, and Voltaren cream. She is currently sleeping 4 hours a night with frequent awakenings due to pain and numbness in both her arms, more in the left arm. Impressions included pain disorder due to medical conditions and depressive disorder, not otherwise specified. Treatment plan included request for authorization for 4 sessions of biofeedback and 4 sessions of psychotherapy. Per the doctor's note dated 4/7/15 patient had complaints of headache at 7/10, sleeping for 4 hours, frequently awakening, pain and numbness in arms, and anxiety and depression. The patient sustained the injury due to fall. The patient has had history of bilateral wrist fracture. The medication list includes Norco, Lidoderm patch, Voltaren, and Fentanyl

patch. Patient has received an unspecified number of CBT and biofeedback back visits for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **4 sessions of psychotherapy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): s 399-400.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15) Cognitive behavioral therapy (CBT).

**Decision rationale:** Request: 4 sessions of psychotherapy. Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). Patient has received an unspecified number of CBT and biofeedback back visits for this injury. Past history included; left carpal tunnel syndrome, left lateral epicondylitis, right knee surgery x 2; 2000, 2002 and left shoulder surgery x 2; 2005 and 2006. According to a psychological status report, dated April 7, 2015, the injured worker presented for depression with the past injuries having a deleterious effect on her personal relationships and health. Other concurrent problems included disordered thinking, marital discord, and financial difficulties. She continues to suffer from chronic migraines, rated 7/10, and was injured in 2001 after falling down a flight of stairs, causing bilateral wrist fractures, as well as non-industrial knee problems. She is currently sleeping 4 hours a night with frequent awakenings due to pain and numbness in both her arms, more in the left arm. Impressions included pain disorder due to medical conditions and depressive disorder, not otherwise specified. Per the doctor's note dated 4/7/15 patient had complaints of headache at 7/10, sleeping for 4 hours, frequently awakening, pain and numbness in arms, and anxiety and depression. The patient has had significant psychological problems. The request for 4 sessions of psychotherapy is medically necessary and appropriate for this patient.

#### **4 sessions of biofeedback: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Biofeedback.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

**Decision rationale:** 4 sessions of biofeedback: As per cited guideline, "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." Patient has received an unspecified number of biofeedback visits for this injury. The requested additional visits in addition to the previously rendered psychotherapy visits sessions are more than recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous biofeedback visits that is documented in the records provided. The notes from the previous psychotherapy visits documenting significant progressive functional improvement were not specified in the records provided. A recent behavioral cognitive therapy evaluation note was not included in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for 4 sessions of biofeedback is not fully established for this patient.