

<b>Case Number:</b>	CM15-0092134		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 36 year old male, who sustained an industrial injury on 04/07/2014. He has reported subsequent head, neck, bilateral shoulder, left wrist/hand and low back pain and was diagnosed with bilateral shoulder muscle strain, left wrist and left hand strain and lumbar strain. Other diagnoses included depressive disorder, post-concussion syndrome and post-traumatic stress disorder. Treatment to date has included oral pain medication, physical therapy, application of ice and individual psychotherapy and biofeedback. In a psychological status report dated 04/17/2015, the injured worker complained of increased anxiety and pain catastrophizing beliefs. Functional improvements were notable for increased awareness of psychosocial stressors, pain and cognitive distortions, increase in positive interactions with family, decreased symptoms of depression, PTSD and pain catastrophizing beliefs. A request for authorization of 6 sessions of individual psychotherapy and 6 sessions of biofeedback was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) sessions of individual psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100 and 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression.

**Decision rationale:** The injured worker suffers from head, neck, bilateral shoulder, left wrist/hand and low back pain due to the diagnoses of bilateral shoulder muscle strain, left wrist and left hand strain and lumbar strain. He developed depressive disorder, post-concussion syndrome and post-traumatic stress disorder. secondary to the industrial trauma. It has been indicated that the injured worker has been in psychotherapy treatment and has at least completed 5/6 sessions so far without any mention of objective functional improvement. Based on the lack of objective functional treatment, further treatment is not clinically indicated. Thus, the request for Six (6) sessions of individual psychotherapy is excessive and not medically necessary.

**Six (6) sessions of biofeedback:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic: 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. It has been suggested that the injured worker has undergone biofeedback treatment in the past without any objective functional improvement. Also, he has completed some psychotherapy treatment, per guidelines; Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. The request for additional treatment i.e. Six (6) sessions of biofeedback is not medically necessary 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. Therefore this request is not medically necessary.