

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/16/2013
Date of Injury: 1/16/2010
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003388

- 1) MAXIMUS Federal Services, Inc. has determined the request for **12 sessions of biofeedback treatment is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **cognitive behavior therapy, qty 12 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **12 sessions of biofeedback treatment is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **cognitive behavior therapy, qty 12 is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 16, 2013:

Brief Clinical Summary:

██████████ is a 51 year old male employed as a Courtesy Clerk by ██████████ on the recorded date of injury of January 16th, 2010. He is treated for symptoms in his left groin which are attributed to bagging groceries. His condition has reached maximal medical improvement.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 12 sessions of biofeedback treatment in conjunction with cognitive behavioral therapy:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Biofeedback, pg 24, which is part of the MTUS and the Official Disability Guidelines (ODG), Section on Biofeedback Therapy Guidelines, which is not part of the MTUS.

The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, Biofeedback, pg 24 - 25, which is part of the MTUS.

Rationale for the Decision:

The MTUS guidelines indicate that biofeedback is noted to work for a minority patients. Voerman 2006 is cited for a report on 36% of chronic whiplash patients that trended toward decreased disability following four weeks of biofeedback. This means that after four weeks about 64% of patients did not benefit from biofeedback. Patients who do not trend toward decreased disability after four weeks of biofeedback are unlikely to show benefit from further biofeedback. A review of the medical records submitted indicate pain is ongoing even after two hernia surgeries and complicated by sleep and sexual dysfunction. As such, biofeedback seems worthy of clinical trials, but only within the limits set forth in the MTUS guidelines that suggest a trial of four biofeedback sessions. The request for 12 sessions exceeds guideline recommendations.

The request for 12 sessions of biofeedback treatment is not medically necessary and appropriate.

2) Regarding the request for cognitive behavior therapy, qty 12:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Cognitive Behavioral Therapy, pg 23, which is part of the MTUS and Official Disability Guidelines (ODG), section on Cognitive Behavioral Therapy, which is not part of the MTUS.

The Expert Reviewer based his decision on the the Chronic Pain Medical Treatment Guidelines, Cognitive Behavioral Therapy, pg 23, which is part of the MTUS.

Rationale for the Decision:

A review of the medical records indicate pain is ongoing even after two hernia surgeries and is complicated by sleep and sexual dysfunction. The MTUS guidelines indicate Cognitive Behavioral Therapy (CBT) works for some, but not all patients. The guidelines further state that 3-4 psychotherapy visits are suggested if there is a lack of progress from physical medicine alone. Generally patients who are going to get benefit from CBT start to show positive results after 3-4 sessions. The request for 12 CBT sessions exceeds guideline recommendations. **The request for 12 sessions of cognitive behavioral therapy is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/pas

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.