

Case Number:	CM13-0024742		
Date Assigned:	11/20/2013	Date of Injury:	08/14/2013
Decision Date:	01/24/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42-year-old female with a 8/14/13 injury involving cumulative stress and harassment from 2010 to 8/14/13. She has been diagnosed with major depressive disorder; anxiety disorder; insomnia related to anxiety; stress-related physiological response affecting gastrointestinal disturbances and headaches. The 9/4/13 Doctor's First Report is by the psychologist, [REDACTED]. He recommended relaxation training for anxious symptoms, 1-2x/week for 6 months and a psychiatric evaluation. The Independent Medical Reviewer application shows a dispute with the 9/13/13 Utilization Review decision. The 9/13/13 UR decision is by EK Health and allows psychiatric evaluation, but denies the relaxation training with biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relaxation training/Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Biofeedback Page(s): 24-25.

Decision rationale: The specific request from [REDACTED] is for relaxation/biofeedback 1-2x/week for 6 months. (MTUS) Chronic Pain Medical Treatment Guidelines 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." MTUS for cognitive behavioral therapy states it is recommended, but states there is an initial trial of 3-4 visits over 2-weeks. The request for biofeedback 1-2x/week for 6 months will exceed the MTUS recommendations for an initial trial. The requested treatment is not in accordance with MTUS guidelines.