

Case Number:	CM13-0041269		
Date Assigned:	12/20/2013	Date of Injury:	08/04/2008
Decision Date:	08/12/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/14/2013

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. The expert reviewer is Licensed in Psychology 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 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:

The medical records that were provided for this independent review, reflect a patient who is 61 years old, male, and reported a work-related industrial injury on August 4, 2008 when he was on top of a ladder, and fell approximately 6 feet backwards striking his head on retaining wall and was knocked unconscious. The patient is suffering from back injury with burning knee radiating pain extending bilaterally into his legs, and vary serious cognitive changes, medical notes state that the patient is virtually incomprehensible when he speaks and is unable to communicate, and was unable to complete the psychological testing due to head injury. The patient presents to his medical appointments with his son who conducts the conversation for his father. He presents with depressed affect, sad mood, for concentration, anxiety, and has been diagnosed with major depressive disorder, single episode, moderate; generalized anxiety disorder; male hypoactive sexual desire disorder due to chronic pain; cognitive disorder not otherwise specified. He is experiencing difficulty with emotional regulation which results in an inability to manage his anxiety and temper and he is unable to communicate the way he feels to people. He is also having bladder and bowel incontinence occasionally. His son reported that he is having episodes of headache, uncontrollable crying temper outbursts, inability to communicate, aggression courses family, social isolation. Shortly after the accident his wife left him. The treatment request was made for 24 sessions of biofeedback. The treating Psychologist states that he will be treating the patient for depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Sessions of Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy: Psychological Treatment Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback.

Decision rationale: According to the ODG, biofeedback can be recommended for carefully screened patients, but should not as a stand-alone treatment modality but in conjunction with cognitive behavioral therapy. Screen patients with risk factors for delayed recovery, as well as motivation to comply with a treatment program that requires self-discipline. An initial trial of 3 to 4 sessions should be offered and then with documented evidence of functional improvement an additional 6 to 10 sessions may be offered. After that biofeedback exercises should be practiced at home by the patient. This request for 12 sessions of biofeedback exceeds the maximum amount allowed (10 sessions) by 2 sessions, assuming that he has not had any sessions already. It is unclear he has or has not had any prior treatment. This patient is reportedly having difficulty due to his severe head injury with basic hygiene and self-care. It seems unlikely that he would be able to benefit from this treatment modality other than in the moment it is used. The treating Psychologist does not explain how he might use this treatment with this patient's challenges in mind. This is not to say that this patient is not in need of psychological treatment, only that for this request the medical necessity of 12 sessions of biofeedback was not adequately substantiated. As such, the request is not medically necessary.