

Case Number:	CM13-0045193		
Date Assigned:	12/27/2013	Date of Injury:	02/25/2013
Decision Date:	03/07/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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:

The claimant is a 54 year-old injured worker with a date of injury of 2/25/13. According to medical reports, the claimant sustained injuries to her neck, bilateral hands/wrists, bilateral upper extremities, bilateral shoulders, right foot/heel/leg and psyche due to the repetitive nature of her work duties while working for the [REDACTED]. In the PR-2 report dated 11/8/13, [REDACTED] diagnosed the claimant with the following: (1) Chronic cervical spine sprain; (2) Chronic bilateral shoulder strain; (3) Right greater than left carpal tunnel syndrome; (4) Right foot plantar fasciitis; (5) Severe depression and anxiety secondary to negative treatment at work; and (6) Sleep difficulty secondary to chronic pain. PR-2 report dated 9/30/13; [REDACTED] diagnosed the claimant with: (1) Major Depressive Disorder, single episode, severe; (2) Insomnia-type sleep disorder due to pain; (3) Female hypoactive sexual desire disorder due to pain; and (4) Psychological factors affecting a general medical condition. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly Biofeedback Treatment 1 session per week for 20 weeks for major depressive disorder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines suggests that biofeedback be used in conjunction with CBT with an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be possible. It also suggests that "patients may continue biofeedback exercises at home. According to the medical records provided for review, the claimant has already completed a total of 10 biofeedback sessions. In response to the UR denial the treating provider in their "Supplemental Report: Response to Utilization Review Denial/Modification" dated 12/9/13, did report some of the progress that the claimant has made in biofeedback despite remaining symptomatic. There is discussion of the claimant's anxiety and panic attacks, yet they do not have a diagnosis involving anxiety. It is also noted that the claimant does not appear to be receiving any CBT psychotherapy in conjunction with the biofeedback sessions as suggested by the CA MTUS. The the claimant has already received 10 sessions of therapy, has not made any substantial progress from the sessions; has not participated in psychotherapy; and the request for an additional 20 sessions are indicated to be excessive. The request for weekly biofeedback treatment, 1 session per week for 20 weeks for major depressive disorder is not medically necessary and appropriate.