

Case Number:	CM13-0053063		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2011
Decision Date:	03/14/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Medicine 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 patient is a represented [REDACTED] employee who has filed a claim for chronic psychogenic pain syndrome, chronic low back pain, and major depressive disorder reportedly associated with an industrial injury of November 17, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical patches; and long-acting opioids. In a Utilization Review Report of October 21, 2013, the claims administrator reportedly denied a request for biofeedback on the grounds that there is no evidence that the applicant had participated in concomitant cognitive behavioral therapy. The MTUS Chronic Pain Medical Treatment Guidelines were cited. An earlier progress note of August 30, 2013 is notable for comments that the patient is having issues with anxiety, fear, lack of motivation, and feelings of hopelessness. Psychotherapy and biofeedback training are sought. It does not appear that the applicant has returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Training x 5: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, biofeedback is a relaxation method designed to empower individuals to self regulate physiologic responses. In this case, the applicant has ongoing issues with stress, anxiety, depression, panic attacks, etc. A trial of biofeedback is indicated, as suggested by ACOEM. It is incidentally noted that the MTUS-adopted ACOEM Guidelines in chapter 15 are likely a more appropriate selection here as the applicant's need for biofeedback seemingly stems from her mental health issues as opposed to her chronic pain issues. It is further noted that, contrary to what was suggested by the previous utilization reviewer, that the attending provider did seek authorization for biofeedback in conjunction with cognitive behavioral therapy. For all of these reasons, then, the request for five sessions of biofeedback is certified, on Independent Medical Review.