

Case Number:	CM13-0065382		
Date Assigned:	01/03/2014	Date of Injury:	08/15/2011
Decision Date:	05/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/13/2013

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 a Licensed Psychologist and is licensed to practice in Texas. 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 injured worker is a 38-year-old male who reported injury on 08/15/2011. The mechanism of injury was the injured worker was working at a kennel and was bitten by a police dog. The injured worker underwent psychological therapy in 2012. The documentation of 11/08/2013 revealed the injured worker had 5 visits of 6 visits of cognitive behavioral therapy. The injured worker was noted to have started changing his perspective, becoming more interested in being more active and was becoming motivated to resolve his concerns. Functional improvement was evidenced by the injured worker indicating he was feeling better and was able to move more freely and increased his activity as a result. The Psychophysiological therapy (Intensive Electromyography treatment) helped the injured worker by reducing excessive muscle tension in his lumbar spine. The injured worker indicated that he felt the ability to control this level of tension and become more physiologically relaxed. The treatment plan included authorization for an additional 6 sessions of psychotherapy in conjunction with 6 sessions of psychophysiological therapy. The injured worker's diagnoses were posttraumatic stress disorder and depression disorder, NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOPHYSIOLOGICAL THERAPY (6 SESSIONS): Upheld

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

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

Decision rationale: California MTUS Guidelines recommend biofeedback but it is not recommended as a standalone treatment. They recommend that with evidence of objective functional improvement, an individual may utilize a total of up to 6-10 visits and that patients should be able to continue the learned technique at home. The clinical documentation indicated the injured worker had utilized biofeedback weekly. However, there was a lack of documentation indicating how many of the 6 sessions included biofeedback. The clinical documentation did not include the 6th session notes to support the need for continued sessions with biofeedback. The injured worker should be able to utilize the information learned in the prior sessions to utilize it in the home environment. The request for psychophysiological therapy 6 sessions is not medically necessary and appropriate.