

Case Number:	CM13-0069494		
Date Assigned:	01/03/2014	Date of Injury:	09/24/2009
Decision Date:	04/07/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/22/2013

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 reported a date of injury of 9/24/09. According to medical reports, the claimant sustained injuries to his left shoulder, neck, and back when he slipped on a piece of paper, fell from scaffolding, and landed on his left shoulder while working as a carpenter. It is reported that the claimant sustained injury to his psyche secondary to his work-related physical injuries. In his February 2013 "Psychological Consultation Report" an in subsequent reports, [REDACTED] diagnosed the claimant with: Depressive disorder NOS, Anxiety disorder NOS, Psychological factors affecting a medical condition, specifically GERD and hypertension; and Pain disorder associated with both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 3 sessions of biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback therapy guidelines

Decision rationale: The CA MTUS guideline regarding the use of biofeedback will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] since [REDACTED] initial "Psychological Consultation Report" in February 2013. The claimant has received both psychotherapy and biofeedback sessions and has been able to demonstrate progress and improvement from both. The CA MTUS recommends that biofeedback be conducted as an adjunct to psychotherapy 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 provided. It further states that "patients may continue biofeedback exercises at home." Although the patient has been able to demonstrate some improvement in the past from both the psychotherapy and biofeedback, he has already received many more sessions than the total number of sessions recommended by the CA MTUS. Therefore, the request for an additional 3 biofeedback sessions" continues to exceed the guidelines cited above. As a result, the request for an additional "3 sessions of biofeedback" is not medically necessary.