

<b>Case Number:</b>	CM14-0004510		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 66 year old female who reported an injury on 1/8/09 after a fall. The injured worker sustained an injury to her right foot, right knee, and head. The injured worker suffered multiple orthopedic complaints and depression related to chronic pain. The injured worker underwent psychological evaluation on 9/19/13. It was determined that the injured worker had diagnoses to include episode of mental/clinical disorder, personality disorder, and physical disorders and conditions. The injured worker's treatment plan included antidepressant medication and cognitive behavioral therapy. The injured worker was evaluated on 11/8/13. It was documented that the injured worker had continued depressive and anxiety symptoms and would benefit from biofeedback therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPHA STIMULATION FOUR (4) TO SIX (6) SESSIONS:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend a four visit clinical trial of biofeedback therapy in conjunction with cognitive behavioral therapy for appropriately identified patients at risk for delayed recovery. It is noted within the documentation that the injured worker has been compliant with treatment protocols. It is also noted that the injured worker has made little significant benefit with antidepressants and cognitive behavioral therapy alone. Therefore, the trial of biofeedback therapy may be appropriate for this patient. However, 4-6 treatments is a vague request. Six treatments exceed the four visit clinical trial recommended by the MTUS. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary.