

Case Number:	CM14-0005509		
Date Assigned:	01/24/2014	Date of Injury:	06/07/2013
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	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 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 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 patient is a 29 year old female who was injured on 06/07/2013 when a person started to shoot at the bus, which she was riding as a passenger to the yard. Her left thigh was grazed by a bullet. Prior treatment history has included cognitive behavioral psychotherapy and biofeedback. Diagnostic studies reviewed include an x-ray of the left hip showing shrapnel fragments within the soft tissues of the proximal thigh. PR-2 dated 09/04/2013 documented the patient with complaints of pain that affects her right hip as well as issues related to psych. The patient has been taking Xanax and Prozac. Objective findings on examination reveal the patient still exhibits posttraumatic stress and will defer treatment to an appropriate specialist. PR-2 dated 12/06/2013 documented the patient with complaints of pain that affects her right hip as well as issues related to psychiatric issues. Objective findings have not changed since the last visit of 09/04/2013. Diagnoses: 1. Gunshot wound, left hip 2. Posttraumatic stress Treatment Plan: The patient's hip appears to be asymptomatic at this time. From an orthopedic standpoint, she is certainly ready to be declared MMI, however, she does continue to have significant psychiatric issues and she will continue follow up with psych for this. Psych progress report dated 12/16/2013 documented the patient exhibited abnormal behavior with emotional withdrawal, excessively rapid speech, elements of emotional mistrust and depressive facial expressions describing the shooting. She developed a posttraumatic reaction resulting in fear of being alone, paranoid orientation. She described panic attacks and nightmares. Upon examination she was found to be depressed, anxious and overwhelmed to work. She was observed to become emotionally unstable and disturbed at the contemplation of an immediate return to work. The cognitive behavioral psychotherapy and stress reduction biofeedback treatments resulted in improvements to her social functioning. Despite psychological improvement, she remained symptomatic with persistent residuals requiring further treatment in

the areas of depression, anxiety, panic and stress intensified palpitations. The patient would be temporarily totally disabled on a psychological basis for a further three months until about February 13-14 during which time the patient was found to be in need of further emotional treatment. UR report dated 12/27/2013 states MTUS states that biofeedback is not recommended as a standalone treatment, but recommend it as an option in cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The referenced guideline recommends an initial trial of 3-4 psychotherapy visits over 2 weeks. The request for additional biofeedback appears to be warranted. The patient recently completed 6 sessions of CBT and biofeedback with evidence of functional improvement as previously outlined. The provider has stated that despite these improvements, the patient is still in need of treatment before being released back to work. However, prior certification for 6 biofeedback sessions and the current request for 6 biofeedback sessions are in excess of the referenced guideline recommendations for a total of 6-10 visits. Therefore, the current request for 6 biofeedback sessions is recommended certified with modification to 4 biofeedback sessions. The remaining 2 biofeedback sessions are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 BIOFEEDBACK SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Biofeedback; ODG Cognitive Behavioral Therapy (CBT) Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

Decision rationale: MTUS guidelines recommend biofeedback for up to 6-10 visits with evidence of functional improvement. The patient is a 29 year old female injured on 6/7/13 when she was struck in the left thigh by a bullet. She is diagnosed with post-traumatic stress disorder, depression, anxiety, and has severe social withdrawal. She is not working. She completed 6 sessions of biofeedback therapy with reported improvement in social functioning. As such an additional 4 sessions are allowed under the guidelines. 6 additional sessions are not considered medically necessary.