

Case Number:	CM14-0104286		
Date Assigned:	07/30/2014	Date of Injury:	11/24/2001
Decision Date:	09/17/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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 Licensed 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 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 claimant is a 62 year-old male (DOB) with a date of injury of 11/24/01. The claimant sustained injury to his head as the result of a seizure that caused him to become unconscious, resulting in a motor vehicle accident involving the bus that the claimant was driving, hitting a row of parked cars. The claimant was trapped inside the bus and had to be extricated using the Jaws of Life. The claimant sustained this injury while working as a bus driver for [REDACTED]. In their "Psychological Status Report" dated 5/15/14, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Depressive disorder, NOS; and (2) Posttraumatic stress disorder. He has been treated with individual psychotherapy and biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional visits for relaxation training/biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Biofeedback Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404, Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The ACOEM guideline regarding relaxation training and the CA MTUS guideline regarding the use of biofeedback will be used as references for this case. Based on the review of the medical records, the claimant completed a psychological consultation in mid 2013 and began psychotherapy services with [REDACTED]. It appears that the claimant has completed a total of 18 psychotherapy and 18 relaxation/biofeedback sessions and was authorized for an additional 6 psychotherapy sessions in May 2014. The CA MTUS guideline recommends a total of up to 10 biofeedback sessions with the continuation of biofeedback exercises to be done at home. Given that the claimant has completed 18 relaxation/biofeedback sessions, he has already exceeded the total number of sessions as set forth by the CA MTUS. As a result, the request for an additional 6 sessions of relaxation training/biofeedback is not medically necessary.