

<b>Case Number:</b>	CM14-0013002		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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, has a subspecialty in Pain Management is licensed to practice in Tennessee. 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:

This is a 44-year-old male with a 09/10/2013 date of injury when he crashed his bike into chain while leaving work and injured his head and neck. The patient was seen on 12/23/13 and was complaining of depression, crying episodes, loss of self worth and social isolation and withdrawal. Subjective findings revealed that the patient's affect was subdued, depressed, and anxious. Objective findings of the Mental Status Exam revealed depressed and anxious affect. His demeanor was inhibited with a tearful attitude. The Beck Depression Inventory was performed and the patient scored 18, which placed him in the range for slight to moderate subjective depression. The patient was seen on 1/10/14 with complaints of sharp neck pain radiating to right arm 6-8/10 as well as loss of sleep due to pain, depression and anxiety. Exam findings revealed tenderness and spasm of the cervical and thoracic spine. The diagnosis is depression, sleep disturbances, anxiety, sexual impairment, cervical and lumbar multilevel disc bulges with radiculopathy. Treatment to date: medication, physiotherapy, chiropractic treatment, acupuncture, and cervical therapeutic epidurals. An adverse determination was received on 01/21/2014 given that there was no documentation in clinical records indicating the need for the biofeedback therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four Biofeedback Therapy Sessions:** Overturned

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

**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 California MTUS allows initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. In addition, ODG biofeedback therapy guidelines allow initial trial of 3-4 psychotherapy visits over 2 weeks. The patient has subjective and objective signs of depression, as well as anxiety, sleep disturbances and sexual impairment. The patient had a psychological assessment on 12/23/13 and the recommendation was for monthly biofeedback therapy given his depression and anxiety. In this patient 4 sessions are reasonable as MTUS supports 3-4 sessions of biofeedback therapy given the patient has evidence of objective functional impairment. Therefore, the request for four biofeedback therapy sessions was medically necessary.