

<b>Case Number:</b>	CM14-0130859		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Physical Medicine and Rehabilitation 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:

This 69 year-old patient sustained a right ankle injury on 9/7/11 from mistepping a step going downstairs while employed by [REDACTED]. The patient underwent surgical repair for bimalleolar ankle fracture with post-op physical therapy and was radiographically healed on 10/1/13. Request(s) under consideration include Biofeedback Therapy x 4-6 Sessions. There is a past history of diabetes and anemia treating with her private physician. QME report of 3/18/14 from chiropractor evaluation noted patient with ongoing chronic right foot symptoms of numbness and tingling, necessitating use of cane to walk outside of home. Exam showed right foot, ankle, calf, and knee with edema; tenderness of gastroc, soleus muscles; reduced ankle range; negative Homan's sign; normal subtalar eversion/ inversion testing; unable to perform forefoot adduction/ abduction because of pain and swelling. Diagnoses included right ankle tenosynovitis; possible vascular insufficiency of right lower extremity rule out with doppler test and referral to vascular specialist. Records showed initial psychological evaluation on 10/16/13 showed beck depression inventory of 8 and beck anxiety inventory score of 7 with psychodiagnoses of adjustment disorder with mixed emotional features. IMR review of 5/6/14 had denial for four follow-up psychotherapy visits every 6-8 weeks. Report of 7/23/14 from psychology provider noted patient with moderate depression on beck depression inventory testing; significant anxiety by beck inventory. Treatment noted request for additional psychotherapy visits, psychotropic medication; and biofeedback. There is a dated 8/1/14 exam for biofeedback from psychologist noting patient with recent loss of her mother with self-blame. Panel QME report of 7/27/14 from psychology evaluator noted patient to have reached MMI and was rendered P&S. It was opined the patient's "mental health condition is relatively stabilized and unlikely to change substantially in the next year, with or without mental health treatment." Future medical treatment noted that the patient felt that if she

does not have to work or retires that she can do relatively well without mental health treatment. The request(s) for Biofeedback Therapy x 4-6 Sessions was non-certified on 8/1/14 citing guidelines criteria and lack of medical necessity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Biofeedback Therapy x 4-6 Sessions: Upheld**

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

**MAXIMUS 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) Pain Chapter, Biofeedback, pages 669-670

**Decision rationale:** This 69 year-old patient sustained a right ankle injury on 9/7/11 from mistepping a step going downstairs while employed by [REDACTED]. The patient underwent surgical repair for bimalleolar ankle fracture with post-op physical therapy and was radiographically healed on 10/1/13. Request(s) under consideration include Biofeedback Therapy x 4-6 Sessions. There is a past history of diabetes and anemia treating with her private physician. QME report of 3/18/14 from chiropractor evaluation noted patient with ongoing chronic right foot symptoms of numbness and tingling, necessitating use of cane to walk outside of home. Exam showed right foot, ankle, calf, and knee with edema; tenderness of gastroc, soleus muscles; reduced ankle range; negative Homan's sign; normal subtalar eversion/inversion testing; unable to perform forefoot adduction/abduction because of pain and swelling. Diagnoses included right ankle tenosynovitis; possible vascular insufficiency of right lower extremity rule out with doppler test and referral to vascular specialist. Records showed initial psychological evaluation on 10/16/13 showed Beck Depression Inventory of 8 and Beck Anxiety Inventory score of 7 with psychodiagnoses of adjustment disorder with mixed emotional features. IMR review of 5/6/14 had denial for four follow-up psychotherapy visits every 6-8 weeks. Report of 7/23/14 from psychology provider noted patient with moderate depression on Beck Depression Inventory testing; significant anxiety by Beck Inventory. Treatment noted request for additional psychotherapy visits, psychotropic medication; and biofeedback. There is a dated 8/1/14 exam for biofeedback from psychologist noting patient with recent loss of her mother with self-blame. Panel QME report of 7/27/14 from psychology evaluator noted patient to have reached MMI and was rendered P&S. It was opined the patient's "mental health condition is relatively stabilized and unlikely to change substantially in the next year, with or without mental health treatment." Future medical treatment noted that the patient felt that if she does not have to work or retires that she can do relatively well without mental health treatment. The request(s) for Biofeedback Therapy x 4-6 Sessions was non-certified on 8/1/14. Per Guidelines, Biofeedback is not suggested as a stand-alone therapy, but may be incorporated after an adequate trial of Cognitive Behavioral Therapy (CBT). The CBT must first show functional improvements and the necessity of the biofeedback as appropriate in order to deal better with the pain, improve functionality, and decrease medications; however, this has not been adequately demonstrated in the submitted reports as the patient's function remains unchanged with overall

daily activities without decrease in medical utilization, and has failed to progress with any work status post CBT already rendered. Panel QME evaluator has deemed the patient to be MMI and P&S on 7/27/14 with mental stability unlikely to change in next year with or without mental health treatment. The patient has also stated mental health treatment as not needed if the patient does not return to work and retires. Previous psychotherapy and biofeedback has not resulted in any functional improvement presented. Medical necessity for Biofeedback has not been established and guidelines criteria are not met. The Biofeedback Therapy x 4-6 Sessions is not medically necessary and appropriate.