

Case Number:	CM14-0138134		
Date Assigned:	09/05/2014	Date of Injury:	08/02/2013
Decision Date:	10/29/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 Texas. 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 45-year-old male who reported injuries due to continuous trauma on 08/02/2013. On 05/12/2014, his treatment plan included a referral for psych/biofeedback. On 06/09/2014, his diagnoses included anxiety/stress and it was noted that he was experiencing a loss of appetite. The referral for psych/biofeedback was part of the treatment plan. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych-Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Biofeedback Therapy Guidelines

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

Decision rationale: The request for a psych/biofeedback is not medically necessary. The California MTUS Guidelines do not recommend biofeedback as a standalone treatment, but it is recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There was no time frame or number of sessions specified in the

request. The clinical information submitted failed to meet the evidence based guidelines for biofeedback. Therefore, this request for psych/biofeedback is not medically necessary.