

<b>Case Number:</b>	CM14-0151219		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for posttraumatic stress disorder, psychogenic pain, and major depressive disorder reportedly associated with an industrial injury of August 21, 2012. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for six sessions of biofeedback and three sessions for medication evaluation and medication management purposes. The claims administrator did state that the claims examiner had approved 12 sessions of psychotherapy. The applicant's attorney subsequently appealed. In an August 6, 2014 letter, the attending provider stated that he was seeking authorization for 12 additional sessions of psychotherapy, including a minimum of six sessions of biofeedback training and three sessions of medication management/medication evaluation to address the applicant's psychogenic pain syndrome, major depressive disorder, and posttraumatic stress disorder. The applicant was isolated, withdrawn, and had limited functional mobility, it was stated. The treating provider stated that the applicant's prior treatment had decreased anxiety by 35%. It was acknowledged that the applicant was not working, however. A variety of guidelines were cited. It was readily apparent what gains the applicant had or had not made. In September 5, 2014 appeal letter, the applicant was again described as having a variety of issues associated with major depressive disorder, anxiety, neck pain, low back pain, and knee pain. The attending provider seemingly suggested that the applicant had not received prior biofeedback treatment. Six sessions of biofeedback were sought. It was stated that the applicant's current psychotropic medication management had not been altogether optimal and that psychiatrist might be better suited to address the applicant's mental health issues. In an August 29, 2014 progress note, the applicant presented with neck pain, low back pain, knee pain, and depression. The applicant was using

naproxen, Norflex, Topamax, and Voltaren gel, it was noted. It was stated that the applicant was off of work, on total temporary disability, on a psychiatric basis.

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

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

**Biofeedback training for six (6) sessions:** Overturned

**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.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 400, autogenic training and biofeedback are "other relaxation methods" designed to empower individuals to self-regulate physiologic responses. ACOEM notes that both techniques require training and practice. In this case, the attending provider has posited that the request for biofeedback is, in fact, a first-time request for the same. The applicant has a variety of mental health issues, it has been stated on several occasions, including posttraumatic stress disorder, major depressive disorder, panic attacks, anxiety, etc. Six sessions of biofeedback may help the applicant to self-regulate physiologic responses, as suggested by ACOEM. Therefore, the request is medically necessary.

**Three (3) sessions for medication evaluation:** Overturned

**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): 398.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, applicants with more serious conditions may need a referral to a psychiatrist for medicine therapy. In this case, the applicant has significant depressive symptoms, it has been suggested on several occasions, referenced above. The applicant's primary treating provider (PTP) has suggested that the applicant's mental health issues may be best addressed through a psychiatrist who is better equipped to manage her psychotropic medication profile. Therefore, the request is likewise medically necessary.