

Case Number:	CM14-0166711		
Date Assigned:	10/13/2014	Date of Injury:	03/22/2013
Decision Date:	12/04/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/09/2014

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:

According to the records as they were provided for this IMR, this patient is a 54 year old male who reported an injury that occurred on March 22, 2013 during his normal work duties as a tugboat captain for [REDACTED]. The injury occurred during his when he lost his footing while lashing 2 barges together; the barges moved apart and he fell into the gap between them. This resulted in a rotator cuff tear, low back sprain/strain, pelvic fracture, left hamstring rupture. He is status post rotator cuff surgery March 2013. After the surgery the patient reported increased pain in the lumbar spine radiating to the back and buttocks down the right leg. He is diagnosed with Pain Disorder Associated with Both Psychological Factors and a General Medical Condition; Depressive Disorder Not Otherwise Specified and Posttraumatic Stress Disorder. He has symptoms of depression: emotional lability, sleep disturbance, and frequent crying. The post-traumatic stress disorder (PTSD) symptoms are aggravated from his service in the military by his physical pain. He underwent withdrawal from all opiate narcotic medications in March 2014. Medical records suggest the patient has been authorized for 4 individual psychotherapy and 4 biofeedback visits that started in July 2014. Prior biofeedback sessions have resulted in: "Level 3, 7% High Coherence." A request was made for 2 units of biofeedback; the request was noncertified. The utilization review rationale for non-certification was stated as: "the biofeedback protocol seems to have no end, there is no current support for "coherence" training for the treatment of posttraumatic stress disorder." This IMR will address a request to overturn the non-certification determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback, 2 units,: 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 Behavioral Interventions, Biofeedback Page(s): 24-25.

Decision rationale: According to the MTUS treatment guidelines for biofeedback, it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary, the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. There was no treatment records provided with regards to his past biofeedback sessions. In terms of recorded specific biometric measures before and after treatment, none were provided. There was one mention of one result from biofeedback one session and it was stated as patient achieved Level 3 High coherence 7%. However, there are common biofeedback treatment modalities, for example galvanized skin response, and EMG or temperature training were not reported. There was no information about the patient's response to his prior biofeedback treatment. It is unclear if he was being taught to use the biofeedback exercises independently at home and if so was he successful in doing so. Individual session data was not provided with respect to biometric information. This is particularly important in biofeedback be able to assess what the sessions are consisting of and results that are being achieved. Is unclear how many sessions of biofeedback he is already had. There is mention that 4 sessions were authorized but it's not clear if more have been authorized subsequently. If he has had less than 8 sessions than 2 more additional sessions might be acceptable if it was determined to be medically necessary. However, for this request the medical necessity has not been established because there was no discussion of any functional improvements derived from the prior treatment so it's impossible to determine whether it is beneficial to the patient. Due to lack of information supporting the request for additional sessions, including prior quantity of sessions provided, functional outcome, commonly used biometric measurements, the medical necessity of additional treatment sessions has not been established the original utilization decision is upheld.