

Case Number:	CM14-0185935		
Date Assigned:	11/13/2014	Date of Injury:	12/14/2011
Decision Date:	12/23/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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 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:

The claimant is a 26 year-old male (██████████) with a date of injury of 12/14/11. The claimant sustained injuries to his back, left knee, buttocks, and hip when he fell from a one-story home onto the cement, landing on his left side and back. The claimant sustained this injury while working as a roofer for ██████████. In their "Visit Note" dated 9/18/14, Physician Assistant, ██████████, under the supervision of ██████████, diagnosed the claimant with: (1) Pain in joint, lower leg; (2) Degeneration lumbar lumbosac di; (3) Pain in joint pelvis thigh; and (4) fracture pathologic vertebrae. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries and pain. In their "Pain Rehabilitative Consultants Behavioral and Psychological Evaluation" dated 10/2/14, ██████████ and ██████████ diagnosed the claimant with: (1) Pain disorder associated with both a general medical condition and psychological factors; (2) Major depressive disorder, recurrent, moderate; and (3) Anxiety disorder, NOS. The request under review is for an initial trial of biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 biofeedback sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the review of the medical records, the claimant continues to experience chronic pain as well as psychiatric symptoms related to depression and anxiety. He completed an initial psychological evaluation in October 2014 and it was recommended that he participate in individual psychotherapy as well as biofeedback sessions. He received authorization for 12 psychotherapy/CBT sessions. The request under review is for an initial 6 biofeedback sessions, for which the claimant received a modified authorization for 3 biofeedback sessions. The CA MTUS indicates that the use of biofeedback should not be completed alone, but in conjunction with CBT. The CA MTUS further recommends that there be an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be needed. Although the CA MTUS indicates an initial trial of 3-4 psychotherapy visits, the claimant was authorized for initial 12 psychotherapy visits. Given this fact, the request for 6 biofeedback sessions to be used in conjunction with the CBT appears reasonable. As a result, the request for "6 biofeedback sessions" to help the claimant learn to manage his pain is medically necessary.