

Case Number:	CM14-0025608		
Date Assigned:	06/13/2014	Date of Injury:	03/18/2013
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/28/2014

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 patient is a 48 year old female who sustained a psychological distress injury on 03/18/2013 when she was attacked and hit by a client. Psychological Medical Report dated 01/21/2014 documented the patient reporting experiencing feelings of sadness, fatigue, low self esteem, loss of pleasure in participating in usual activities, a lack of motivation. Loss of interest in sex, sleep disturbance, appetite changes, feelings of emptiness, crying episodes and denies suicidal ideation. In terms of anxiety based symptoms, the patient reports experiencing nervousness, feelings of insecurity, health worries, social apprehension especially in crowds, flashbacks, lamination, and recurrent thoughts about the accident, nightmares and fears related to her accident. She also reports that she is experiencing short term memory lapses. The patient denies taking any medications at this time. The PAI clinical profile reveals no marked elevations that should be considered to indicate the presence of clinical psychopathology. On the Beck Depression Inventory, the patient obtained a score of 21, thereby placing her in the moderate range of clinical depression. The Beck Anxiety Inventory test, the patient obtained a score of 18, which is suggestive of moderate anxious state. On the Modified Somatic Perception Questionnaire, the patient received a raw score of 20 which reflects that a definite pattern of somatic hypersensitivity is present. The patient is diagnosed as having major depression, single episodes moderate and post traumatic stress syndrome. Treatment Recommendations: The patient is recommended to have cognitive behavior or psychotherapy treatment. Also, she is recommended to be enrolled in psycho education and group protocol and finally is recommended to have a course of 8-12 biofeedback training sessions. Utilization report dated 02/17/2014 shows a request for 8-12 biofeedback training sessions which is not medically necessary. However, a modification for 6 biofeedback sessions is medically necessary. 6 Sessions of biofeedback are

medically necessary to help relieve the effects of anxiety, nervousness and depression as a result of the claimant's work injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

COURSE OF 8-12 BIOFEEDBACK TRAINING SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Biofeedback.

Decision rationale: MTUS and ODG guidelines recommend biofeedback as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. Since outcomes from biofeedback are very dependent upon motivation and self-discipline, approval is only recommended when requested by such a patient. The patient is a 48 year old female who claims psychological injury on 3/18/13 when she was attacked by a client. She is diagnosed with PTSD and depression. She was approved for cognitive behavioral therapy and group therapy. This is a request for 8-12 biofeedback sessions. However, guidelines recommend an initial trial of 3-4 biofeedback sessions with further approval dependent upon evidence of functional improvement. Medical necessity is not established for 8-12 visits.