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| Case Number: | CM14-0038909 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 03/19/2012 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

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 a licensed Psychologist, 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 are provided for this IMR, this patient is a 64 year old male who reported a work-related injury on March 19, 2012 during the course of his work as a janitor at [REDACTED]. The injury occurred when he was pulling a 500 pound linen cart, lost control, and fell while trying to regain control: injuring his right shoulder, left hand, left leg, left hip and neck and strained his left hip and left knee. This IMR will focus on the patient's psychological symptomology as it relates to the requested treatment. The patient had a psychiatric QME on June 29, 2013 and it was recommended that he have 12 sessions of Cognitive Behavioral Therapy at that time, it does not appear that he received psychological treatment based on that recommendation, however on December 10, 2013 he had an initial psychological evaluation and psychological treatment started in January 2014. The medications Cymbalta 30 mg one time a day was prescribed as well as Cialis due to sexual difficulties resulting from the industrial injury. He reports sadness, social avoidance, poor sleep, loss of motivation, crying episodes. He reports depression and feels that he's not getting much help for the injury and is not able to work and doesn't know what his future holds for him. There are also feelings of anxiety, nervousness and security, and flashbacks and ruminations of the injury and accident with nightmares and fears including heart palpitations and a sense of dread or doom. He was diagnosed with: Major Depression, single episode, moderate; Posttraumatic Stress Disorder; Panic Disorder with Agoraphobia; and Insomnia related to axis 1 disorder. According to a PR-2 progress report from his psychologist, the patient has been actively participating in cognitive behavioral therapy, psych-educational group protocol, and was making good progress in terms of symptom reduction. Psychological treatment appears to have started January 16, 2014. He appears to have had 6 sessions of cognitive behavioral therapy between the time of his initial assessment and the end of February 2014. Good progress notes were provided for each

individual session. It is unclear if additional treatment was authorized subsequent to February 2014 and there were no additional psychological treatment progress notes for the remainder of 2014. A request was made for biofeedback (unspecified number of sessions), the request was non-certified; this IMR will consider a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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..

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. Although there was ample and well detailed psychological treatment progress notes for his cognitive behavioral therapy, there were no treatment records provided whatsoever specific for his biofeedback treatments. No biometric records or biofeedback training records before and after treatment were provided. There was no indication of what treatment modalities in biofeedback were being used (for example GSR, EMG, or temperature training). Individual session data, if any, 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. There was no information about the patient's response to his 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. It is not entirely clear whether or not he even received biofeedback sessions as a part of the cognitive behavioral treatment program that he was involved in. Due to lack of information supporting the request for additional sessions, including prior quantity of sessions, it is not possible to determine if additional sessions would fall within the recommended guidelines of 6 to 10 maximum over a 5 to 6 week period. In addition, the request for biofeedback sessions was unspecified with regards to quantity, all requests for psychological treatment being considered for an IMR must have a specific quantity in order to assess whether or not the request falls within treatment guideline recommendations. Because of these reasons, the medical necessity of additional treatment sessions was not established; therefore, this request is not medically necessary.