

<b>Case Number:</b>	CM14-0040670		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/16/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 49 year-old male with a date of injury of 4/16/09. The claimant sustained an injury to his back when a 5 ft. ladder that he was on to sand a beam fell, causing the claimant to land on his buttocks. The claimant sustained this injury while working for [REDACTED]. In a visit note by [REDACTED] dated 5/15/14, the claimant is diagnosed with Displacement of lumbar intervertebral disc without myelopathy. He has received medications, chiropractic, and acupuncture. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injury. In his PR-2 report dated 2/25/14, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) PTSD; (3) Pain disorder; and (4) Opioid dependence (industrially related). The claimant has received individual psychotherapy as well as biofeedback sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback therapy sessions, QTY: 8:** 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), Pain (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS

Chronic Pain Medical Treatment Guidelines, section on Biofeedback pages 24-25.

**Decision rationale:** Based on the review of the medical records, the claimant has completed 6 biofeedback sessions to help him alleviate his chronic pain symptoms as well as help him manage his mood and anxiety. The MTUS Chronic Pain Guidelines indicates that there is to be and "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 necessary. It further states that "patients may continue biofeedback exercises at home". The request for an additional 8 biofeedback sessions exceeds the total number of sessions set forth by the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.

**Psycho-educational group sessions, QTY: unknown:** 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), Pain (Acute and Chronic), Psychotherapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Citation: The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010).

**Decision rationale:** Based on the medical records provided for review, the claimant completed an initial psychological evaluation in December 2013. He began individual and biofeedback services following the evaluation. In a PR-2 report dated 2/28/14, a psycho-educational group program was recommended due to continued symptoms. The recommendation appears reasonable however, the request as submitted is too vague as it does not indicate how many sessions are being requested and over what duration the sessions are to occur. As a result, the request is not medically necessary.