

Case Number:	CM14-0045406		
Date Assigned:	08/06/2014	Date of Injury:	07/04/2012
Decision Date:	11/13/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 Clinical 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 that were provided for this independent medical review, this patient is a 29 year-old male who reported an industrial injury that occurred on July 4, 2012. On the date of injury, the patient was working as a bouncer when he was assaulted by another bouncer and punched in the face 5 times resulting in multiple fractures (mandible, TMJ joint, chin region) and underwent ORIF with 2 plates and an extended hospital stay. He reports ongoing continual headache and continued pain. The patient has participated in an 80 hour functional restoration program and has had prior sessions of biofeedback (quantity unspecified) as well as cognitive behavioral therapy. He's been diagnosed with Posttraumatic Stress Disorder (PTSD); Depression; and Unspecified Major Depression, Recurrent Episode. He reports continued chronic and persistent pain in his jaw. A treatment report from July 2014 notes that the patient is being actively treated with cognitive behavioral therapy and has "been able to develop techniques to manage symptoms and develop coping strategies and has returned to working part-time which is a major accomplishment... that he is close to being permanent and stationary." The entire duration and quantity of prior psychological treatment is not been specified and there were no treatment progress notes at all for biofeedback. A comprehensive psychological evaluation was conducted December 2013, at which time he was given the additional diagnosis of Pain Disorder Associated with Both a General Medical Condition and Psychological Factors. In April 2014 the patient reported that his pain is more tolerable when the psychological symptoms are better under control but there is persistent depression and anxiety regarding the pain and future. At that time a request was made for additional cognitive behavioral therapy and biofeedback and that specifically the biofeedback was to train him and relaxation techniques to help him with anxiety and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback for 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 6, page 109 and the Official Disability Guidelines (ODG), Low Back, Behavioral therapy

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. With regards to this patient, there are several mentions that he has participated in biofeedback training, but no specific treatment records were provided with regards to his past biofeedback sessions. There was no biometric measures before and after treatment nor was there any indication of what treatment modalities in biofeedback were being used (for example GSR, EMG, or temperature training). There was no information about the patient's response specifically to his biofeedback treatment in terms of changes in biometric scores or more importantly objective functional improvement. Treatment notes were more general and addressed his cognitive behavioral therapy without specifying what the biofeedback treatment was accomplishing. 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 was not possible to determine if 6 additional sessions would fall within the recommended guidelines of 6 to 10 maximum over a 5 to 6 week period but it appears almost certain to exceed the maximum given that he is already had some sessions and it is at the lower end of the range of the maximum recommended. In addition there is no evidence of objective functional improvement based on prior sessions of biofeedback. The medical necessity for Biofeedback sessions has not been established.