MAXIMUS Federal Services

Case Number:	CM14-0048057		
Date Assigned:	07/02/2014	Date of Injury:	01/04/2013
Decision Date:	08/06/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/16/2014

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 Licensed in Psychology, and is licensed to practice in Texas. 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 injured worker is a 31-year-old female with a reported injury on 01/04/2013. The mechanism of injury was that the injured worker was standing on top of a rolling staircase to clean the cabin of an airplane and another employee moved the cart causing her to have a fall. She fell 20 or more feet resulting in a severe injury to her right lower extremity consisting of a double fracture to the tibia and the fibula which punctured through the skin. Surgery was performed on that day which included an open reduction with external fixation of the right tibial fracture, closed reduction with external fixation of associated fibular fracture, and irrigation and exicisional debridement of the devitalized skin subcutaneous tissue, muscle, and bone. The injured worker had a total of 6 interventions in the course of over 2 months and also she was hospitalized for 2 months. The injured worker was then discharged to a rehabilitation center and she was treated for another 2 months. The injured worker did have a psychological summarized report on 04/30/2014 which revealed the fact that she did have complaints of depression and anxiety secondary to the pain and loss of function and the sense of trauma.
The injured worker did have a Beck Anxiety Inventory test which was a score of 48, which showed severe anxiety. Also, she had a Beck Depression Inventory test with a score of 24, which showed moderate depression. The injured worker also had Posttraumatic Diagnostic Scale which was a 39, which revealed severe PTSD. The injured worker's medication list consisted of oxycodone, ibuprofen, and fluoxetine. The injured worker has shown functional improvements including the fact of being able to manage pain more effectively, increase of activities of daily living, enhanced self care, positive response to biofeedback practice, and improved ability to cope under stress. The treatment goals are to manage her pain symptoms more effectively to reduce her posttraumatic stress disorder symptoms, to reduce anxiety episodes, to reduce depressive symptoms, increase socialization, increase activities of daily

living, and increase self care. The injured worker does plan on returning to work on a trial basis. The recommendation of treatment is the continuation of the previously authorized sessions of psychotherapy consisting of relaxation training, systematic desensitization, cognitive therapy, biofeedback in conjunction with psychotherapy. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Biofeedback Training Sessions: Upheld

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

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

Decision rationale: The request for 12 biofeedback training sessions is not medically necessary. The California MTUS Guidelines do recommend biofeedback on very dependent and highly motivated and self-disciplined patients when requested by the patient. Although the injured worker has shown some improvement, it is unknown as to how self-motivated the injured worker is; there was no documentation regarding self-discipline. Furthermore, the guidelines also recommend that a trial session of 3 to 4 psychotherapy visits over a 2-week period, and the treating provider is asking for 12 sessions, which is over the recommended amount. Therefore, the request for biofeedback is not medically necessary.