

<b>Case Number:</b>	CM14-0053717		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder and psychosis unspecified reportedly associated with an industrial injury of October 15, 2010. Thus far, the applicant has been treated with the following: Psychotropic medications; attorney representation; 20 sessions of psychotherapy since October 2013, per the claims administrator; 14 sessions of biofeedback since October 2013, per the claims administrator. In a Utilization Review Report dated April 7, 2014, the claims administrator denied a request for additional biofeedback, citing non-MTUS ODG Guidelines despite the fact that both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM did, to varying degrees, address the request at hand. The applicant's attorney subsequently appealed. On March 20, 2014, the applicant presented with persistent complaints of depression, anxiety, insomnia, headaches, hopelessness, isolation, and lack of interest. The applicant felt worthless and unable to care for her children. The applicant was using Levoxyl and Cymbalta, it was suggested. The applicant was apparently given a primary diagnosis of major depressive disorder (MDD). Additional psychotherapy and biofeedback were apparently sought. The applicant's work status was not furnished, although it did not appear that the applicant was working. On November 12, 2013, the applicant was apparently asked to begin Cymbalta and Desyrel for her issues of depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 biofeedback sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400 & 405, Chronic Pain Treatment Guidelines 9792.20f.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 400 does acknowledge that biofeedback is a relaxation method designed to empower applicants to self-regulate physiologic responses, ACOEM qualifies the tepid recommendation by noting in Chapter 15, page 405, that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological condition, or unrecognized psychosocial stressor. In this case, the applicant has had fairly extensive amounts of biofeedback (14 sessions, per the claims administrator) and has failed to respond favorably to the same. The applicant apparently remains off of work, from a mental health perspective. Significant symptoms of depression, anxiety, feelings of worthlessness, isolation, loneliness, hopelessness, etc., seemingly persist. The applicant remains highly reliant and highly dependent on other forms of psychiatric treatment, including multiple psychotropic medications such as trazodone and Cymbalta. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite 14 prior sessions of biofeedback. Therefore, request for six additional sessions of biofeedback is not medically necessary.