

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0056242 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 12/09/2005 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 04/08/2014 |
| Priority: | Standard | Application Received: | 04/25/2014 |

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 provided for this independent review, this injured worker is a 46 year and 11 months-old female who reported a work related injury on December 9, 2005. The patient allegedly sustained her injury as a result of her work as a mortgage broker due to repetitive typing and writing and reports bilateral pain in her hands, wrists, shoulders, and neck. She reports having pain throughout her entire body that results in exhaustion. There are also reports of migraine headaches that are frequent and can last for days at a time as well as continual pain in the hands and wrists. Because this request is for psychological treatment, this report will primarily focus on the patient's psychological status. The patient has had bilateral carpal tunnel surgery and right shoulder arthroscopy. The patient presents with depression, including symptoms of: crying episodes, anxiety, irritability, anger, sadness, lack of motivation, social withdrawal, feelings of helplessness and hopelessness, low self-esteem, sleep disturbance, and impaired concentration and memory. She has been diagnosed with Major Depressive Disorder, single episode, moderate; Panic Disorder without Agoraphobia; and Pain Disorder associated with both psychological factors and a general medical condition. She has been treated with psychiatric medications as well as pain medications and has participated in multimodality pain rehabilitation program which includes physiotherapy, occupational therapy, biofeedback, pain psychology, and sleep counseling. She has been participating in this therapy program for considerable length of time, but the exact duration of her treatment is unknown nor is the total number of session that she has been provided known. Also missing and especially important is her response to these sessions. A request for 15 sessions of biofeedback was made, and was found to be not medically necessary. The utilization rationale for being medically not necessary was that a concurrent request for psychotherapy was made and that current evidence-based guidelines note that biofeedback may be considered after an initial trial of individual

psychotherapy. The request of biofeedback was premature pending the completion of a trial of individual psychotherapy. Therefore this request is medically not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Sessions of 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 Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, biofeedback Page(s): 24-25..

Decision rationale: The utilization review rationale for non-certification stating that biofeedback training should not be provided until after the completion of at least an initial set of psychotherapy is probably incorrect. According to CA MTUS Biofeedback may be approved if it facilitates a patient entering into a Cognitive Behavioral Therapy treatment program where there is strong evidence of success. Biofeedback is not recommended as a stand-alone treatment but as an option in Cognitive Behavioral Therapy to facilitate exercise and return to activity. There is a lack of clarity in the guidelines statement: possibly consider Biofeedback referral in conjunction with CBT after four weeks: it is unclear whether the four weeks refers to four weeks of Cognitive Behavioral Therapy or, most likely, four weeks after the beginning of treatment. Either way, this issue is not applicable as the patient has already received prior Biofeedback training. If this were the only issue, the finding would have been to overturn the non-certification decision. However, the number of sessions requested (15) exceeds the maximum allowed. The Official Disability Guidelines go on to state that an initial trial of 3 to 4 Psychotherapy (e.g. Biofeedback) visits should be offered over two week period and that with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions)-patients may continue with Biofeedback exercises at home. Given these guidelines, the maximum number of sessions allowed are 10 and those can only be provided after an initial trial of 3 to 4 sessions. This request is for the maximum number of sessions possible and more. Perhaps most importantly there was no documentation at all regarding her prior treatment. It seems likely that she has already had more than the maximum allowed amount of Biofeedback but this is not known as no documentation regarding her response to prior Biofeedback treatments was provided. It is possible that she has not had prior Biofeedback but the description of her pain program suggests strongly that she has. Therefore the request to overturn the non-certification decision, is not accepted. This decision is not a reflection in any manner of the patient's need for psychological treatment, it is solely the reflection of a procedural matter. Therefore this request is medically not necessary.