MAXIMUS Federal Services

Case Number:	CM14-0075270		
Date Assigned:	07/16/2014	Date of Injury:	05/09/2011
Decision Date:	08/14/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/22/2014

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 licensed 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 34 year-old female ([redacted]) with a date of injury of 5/9/11. The claimant sustained this injury to her back and upper extremities when she attempted to prevent a combative child from hurting himself while working as a preschool teacher for [redacted]. In a 2/15/14 SOAP (subjective, objective, assessment, and plan) note completed by physician assistant, [redacted], and signed by [redacted], the claimant is diagnosed with: (1) Displacement of cervical intervertebral disc without myelopathy; (2) Esophageal reflux; (3) External thrombosed hemorrhoids; (4) Depressive disorder, NOS (Not Otherwise Specified); and (5) Postlaminectomy syndrome of cervical region. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related physical injuries. In her PR-2 report dated 1/28/14, psychologist, [redacted], diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Anxiety disorder, NOS; (3) Pain disorder; and (4) Sleep disorder due to a medical condition. The claimant is receiving both psychological and psychiatric treatment from [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Biofeedback therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback and Cognitive behavioral therapy (Psychological Treatment) and ODG Biofeedback Therapy Guidelines Page(s): 24-25.

Decision rationale: The CA MTUS guideline regarding the use of biofeedback will be used as reference for this case.Based on the review of the medical records, the claimant has been receiving psychiatric services from nurse practitioner, [redacted], and psychological services from MFT, [redacted], and psychologist, [redacted], from [redacted]. The exact number of completed psychotherapy and biofeedback sessions to date is unknown. It appears that the claimant began services in April or May of 2013. There are individual progress notes from several psychotherapy sessions and a couple of biofeedback notes submitted for review. It appears that the claimant has not been able to consistently participate in services due to her pain and transportation issues. The PR-2 reports completed by [redacted] indicate that the claimant continues to experience both chronic pain and psychiatric symptoms despite the services received. Although the claimant continues to be symptomatic, the necessary information to substantiate further services is difficult to ascertain within the records. Therefore, the request of Six (6) Biofeedback therapy sessions is not medically necessary and appropriate.