

Case Number:	CM14-0095095		
Date Assigned:	09/15/2014	Date of Injury:	11/19/2001
Decision Date:	11/20/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 medical review, this 53-year-old female patient reported and industrial/work-related injury that occurred on November 19, 2001. The injury reportedly occurred during her work as a cable installer for [REDACTED] broadband after falling and sustaining multiple injuries that included lumbar sprain she is status post spinal fusion with hardware and total knee replacement, pelvic fusion, and sustained a right fracture and left wrist carpal tunnel syndrome. Additional surgeries have been required in multiple areas of the body and her diagnoses include Posttraumatic Head Syndrome. There is continued radiating burning pain to her legs.. She has been diagnosed psychologically with: Major Depressive Disorder Single Episode, Moderate; Anxiety Disorder; and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. Progress in primary treating medical physician in March 2014 noted that her depression was worsening, but that pain was reduced very significantly after an injection, however it appears that subsequently after a few months the pain gradually returned. Psychological report from April 4, 2014 notes last depression and rest anxiety and a treatment goal of maintaining her improved status and monitoring her cognition to facilitate her sustaining a positive and helpful perspective. Prior psychophysiological therapy was noted that a low normal range correlates with her improved condition. The Beck anxiety inventory somewhat increased severity a decrease in depression. Additional psychophysiological therapy notes (biofeedback) reflect that within a session she was able to adjust an abnormal level into a more common range but that was still needing additional work.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Psychophysiological (Biofeedback) Sessions: Overturned

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, Biofeedback Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, biofeedback, Page(s): 24.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Topic Psychotherapy Guidelines Cognitive Behavioral Therapy/Depression, June 2014 Update.

Decision rationale: According to the MTUS treatment guidelines biofeedback should not be provided as a standalone procedure but can be provided within the context of a more comprehensive cognitive behavioral therapy program. After an initial trial of 3 to 4 visits over a two week period with evidence of objective functional improvement total of 6 to 10 visits over a 5 to 6 week period of individual sessions may be provided. After this time patient should continue with biofeedback exercises at home. I was able to find detailed progress reports from her treatment and medical records that were provided that reflect good progress being made in her treatment. There is also sufficient evidence of significant psychological and psychiatric symptomology to warrant this treatment modality. Missing, was information with regards to whether or not there have been prior treatment courses before this one. Given that the patient's injury occurred in 2001 it seems likely that additional courses biofeedback and been provided however this is speculative because there was no documentation provided. The MTUS guidelines recommend only 10 sessions of biofeedback. This is often too few sessions to make a significant impact. The assumption that this is her first course of biofeedback, because I was not able to find evidence of any prior ones, I think it would be appropriate in this case due to the patient severe injury as well as the well-documented positive response to use the official disability guidelines which are some of more generous. Those guidelines state that contingent on a patient making continued objective functional improvements, which must be documented, and are defined as: increased activities of daily living, decreased work restrictions if applicable, and decreased reliance on future medical care, that patients may have 13-20 sessions maximum if progress is being made. As best as I can determine the patient has only had six sessions. Although utilization review did provide for 4 additional sessions so that the request would be conforming to MTUS guidelines, I do believe that the more generous ODG guidelines for general psychotherapy, but not specifically applicable to biofeedback, should be applied in this case as a special circumstance. The finding of this independent medical review is that the request for six sessions of biofeedback is appropriate and medically necessary.