

Case Number:	CM14-0095493		
Date Assigned:	09/22/2014	Date of Injury:	01/19/2011
Decision Date:	10/24/2014	UR Denial Date:	06/11/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 44 year old female who reported an injury on 01/19/2011. The mechanism of injury was a fall. The diagnoses included abdominal pain, acid reflux secondary to NSAID use, constipation secondary to narcotic use, chest pain rule out cardiac versus GI versus anxiety, sleep disorder rule out obstructive sleep apnea, and depressive disorder with anxiety. The past treatments included psychiatric treatment and cognitive behavioral therapy. The psychiatric progress note dated 10/11/2013 noted a Beck Depression Inventory score of 22, a Beck Anxiety Inventory score of 19, and an Insomnia Severity Inventory score of 17. The psychiatric progress note, dated 06/23/2014, noted the injured worker complained of depression, lack of motivation, excessive worry, anticipation of misfortune, intrusive recollections, and fear that people were following her. The objective findings noted the aforementioned symptoms to be observable, noted functional improvement, in that the injured worker became less defensive and reported that she can comprehend television. Medications were not listed. The treatment plan requested to continue treatment on an as needed basis. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Biofeedback Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: The request for 4 biofeedback sessions is not medically necessary. The injured worker had depression, lack of motivation, excessive worry, anticipation of misfortune, intrusive recollections, and fear that people were following her. The psychiatrist noted functional improvement in that she was less defensive and reported she could comprehend television. The MTUS Chronic Pain Guidelines recommend biofeedback as an option in a cognitive behavioral therapy program to help facilitate exercise therapy and return to activity. Biofeedback is not recommended as a stand-alone treatment. Outcomes for biofeedback treatment are very dependent on the highly motivated, self-disciplined patient, and it is only recommended when requested by such a patient. The documentation provided for review did not indicate a need or request for biofeedback sessions. There was no documentation of pain or tension that may be alleviated by biofeedback. There was no indication of an ongoing cognitive behavioral therapy program, as the treatment plan noted to continue treatment on an as needed basis. Given the previous, biofeedback is not indicated or supported at this time. Therefore, the request is not medically necessary.