

Case Number:	CM14-0180565		
Date Assigned:	11/05/2014	Date of Injury:	11/10/2008
Decision Date:	03/03/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male injured worker continues to report right knee pain stemming from a work related injury reported on 11/10/2008. The injury reportedly occurred during his work as a commercial driver at waste management when he was attempting to prevent waste containers from falling and felt his knee pop and within 45 minutes the knee swelled he could barely walk. He was informed that his knee was rubbing bone on bone. He is status post total knee replacement (9/8/14).. The physician appeal letter to the UR, dated 9/24/2014, states that an initial psychological evaluation was authorized 6/23/2014, and completed on 7/10/2015, resulting in the notation of psychological distress significant enough to meet DSM-IV-TR criteria, and the request for therapy. In a communication from the patient's requesting treating psychologist from July 28, 2014 there is a notation that the requested treatment is due to significant psychiatric distress and-or failed coping that he reports increased social isolation and avoidance, decreased self-care activities, and limited functional ability. He also reports difficulty engaging independently in the world and accepting his chronic condition without becoming panicked, helpless, or hopeless. He has been diagnosed psychologically with the following: Major Depressive Disorder, moderate, single episode; Anxiety Disorder not otherwise specified; Eating disorder not otherwise specified; and Pain disorder associated with both psychological factors and a general medical condition, chronic. On 10/1/2014 Utilization Review (UR) modified, for medical necessity, the request for 6 biofeedback session, to 4 sessions. The rationale provided for the modification stated that the MTUS guidelines for chronic pain medical treatment in as far as documentation for chronic pain and mental health pathology, however the

guidelines recommend an initial trial of 3-4 visits over 2 weeks, with biofeedback to follow after 4 weeks if functional improvement is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, Topic: biofeedback Page(s): 24-25.

Decision rationale: According to the MTUS treatment guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may continue biofeedback exercises at home independently. With regards to this request for 6 sessions of biofeedback, the medical necessity of the request was not established by the medical records that were provided. The MTUS guidelines specifically state that an initial treatment trial consisting of 3 to 4 visits over 2 week period is recommended at first and that if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. This request exceeds guidelines by 2 sessions. Additional sessions up to a maximum of 10 in total may be authorized if there is documentation of patient benefited from the initial treatment trial. The need for an initial brief treatment trial is to avoid providing a more extended course of treatment if it's not working. In addition, this patient was injured in 2008 and it's unclear if he has received any prior courses of psychological treatment (biofeedback or cognitive behavioral therapy) or biofeedback this information would be needed to be considered. Because the request exceeds guidelines that recommend an initial treatment trial, the request was found to be not medically supported. Therefore the original utilization review determination for a modification of the request for 6 sessions to allow for 4 sessions is upheld.