

Case Number:	CM14-0198331		
Date Assigned:	12/08/2014	Date of Injury:	06/14/2010
Decision Date:	01/22/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Psychologist (PHD, PSYD), 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 injured worker is a 48 year-old male with a date of injury of 6/14/2010. The injured worker sustained injury to his back and neck as a result of his usual and customary duties while working. In his "Visit Note" dated 10/9/14, provider diagnosed the injured worker with: (1) stenosis, spinal lumbar; (2) sciatica; (3) headache, tension; (4) cervical spondylosis without myelopathy; and (5) pain in joint, lower leg. The injured worker has been treated for his orthopedic injuries with medications and physical therapy. It is reported that the injured worker developed psychiatric symptoms secondary to his work-related orthopedic injuries. In their "Psychological and Behavioral Evaluation" dated 10/16/14, diagnosed the injured worker with: (1) major depressive disorder, moderate, single episode; (2) generalized anxiety disorder; and (3) pain disorder associated with both psychological factors and general medical condition. It was recommended in that report that the injured worker participates in cognitive behavioral therapy (CBT) as well as have a psychiatric evaluation with follow-up services. The request under review is for 6 sessions of biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Biofeedback Page(s): 24-25.

Decision rationale: The CA MTUS guideline regarding the use of biofeedback in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the injured worker continues to experience chronic pain since his injury from June 2010. He also experiences psychiatric symptoms of depression and anxiety secondary to his work-related orthopedic injury and pain. The injured worker was evaluated by psychologist and his psychological assistant in October 2014. At that time, providers recommended CBT as well as a psychiatric evaluation with follow-up psychiatric care. One month later, treating physician requested biofeedback services. Although biofeedback is recommended by the CA MTUS in conjunction with CBT, the guideline recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be utilized. Given this guideline, the request for an initial trial of 6 biofeedback sessions exceeds the recommended number of initial sessions set forth by the CA MTUS. As a result, the request for "Biofeedback 6 Sessions" is not medically necessary.