

<b>Case Number:</b>	CM14-0203889		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 57-year-old female (██████████) with a date of injury of 10/15/2009. The injured worker sustained injury to her psyche as a result of work overload, lack of proper training and lack of support by upper management with threats of termination as well as experiencing stress-aggravated medical symptoms. The injured worker sustained this injury while working as a lead instructor for ██████████. According to the records, the injured worker received prior psychological services in 2010 through 2011 and again from 2013 through April 2014. In the Treating Physician's Follow-Up Report" dated 9/30/14, it is noted that the injured worker has been participating in individual psychotherapy as well as receiving biofeedback sessions. Functional improvements were noted in the injured worker's social functioning as well as having an increased interest in daily activities. Despite these improvements, the injured worker continued to demonstrate psychological symptoms related to depression and anxiety. It was recommended that the injured worker continue receiving psychological services. She was diagnosed with: (1) Major depressive disorder, single episode, unspecified; (2) Generalized anxiety disorder; and (3) Psychological factors affecting medical condition. The request under review is for additional biofeedback sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS (Mental Illness & Stress) Treatment Guidelines

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

**Decision rationale:** In the Treating Physician's Follow-Up Report" dated 9/30/14, [REDACTED] presents information on the injured worker's improvements and continued symptoms for which, additional psychological services were recommended. Unfortunately, there is no information as to how many biofeedback sessions have been completed to date and the progress/improvements specific to those treatments. The CA MTUS recommends an "initial trial of 3-4 visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks" may be needed. Following the completion of 10 sessions, "Patients may continue biofeedback exercises at home. Without more information about prior biofeedback services, the need for additional sessions cannot be fully determined. Additionally, the request for an unknown number of additional sessions remains too vague. As a result, the request for Biofeedback is not medically necessary.