MAXIMUS Federal Services

Case Number:	CM14-0043974		
Date Assigned:	06/20/2014	Date of Injury:	03/18/2013
Decision Date:	09/03/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

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:

The injured worker (IW) is a 48-year-old male who sustained an industrial injury on 03-18-2013. Diagnoses include major depression, single episode, moderate; post-traumatic stress disorder; anxiety disorder; insomnia related to Axis I disorder; pain disorder; and partner relational problem (industrial related). Treatment to date has included medications, psychiatric therapy and individual psychotherapy and biofeedback therapy. According to the progress notes dated 1-7-2014, the IW reported his pain level had remained the same, rating his lower back pain 7 out of 10. He also reported feeling sad, fatigued and apathetic. He related a sense of hopelessness and loss of pleasure from usual activities. He felt socially withdrawn. He complained of loss of libido, sleep disturbance, appetite changes and feelings of emptiness. He stated he felt depressed because he was alone; his wife had left. He also reported anxiety-based symptoms including health worries, flashbacks, nightmares and recurrent thoughts about the dangers of his job, fears of dying and a sense of dread or doom. On examination, he appeared tired and drained and he grimaced in obvious physical pain and complained about his health. He acknowledged having ruminative obsessive types of thoughts. His affect was subdued. Interview data suggested self-destructive behavior or aggressive propensity and he reported a history of suicidal ideation, but was able to contract for safety. His Beck Depression Inventory score was 39 and Beck Anxiety Inventory score was 26. A request was made for four to six sessions of biofeedback therapy for treatment of his psychological symptoms, that generally respond well to this type of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy (4-6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services. The request under review is for 4-6 biofeedback sessions. The CA MTUS recommends the use of biofeedback in conjunction with CBT for the treatment of chronic pain and suggests 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 necessary. Given the fact that the request for biofeedback is not accompanied by a request for additional psychotherapy as well as the number of biofeedback sessions exceeds the total number of initial sessions, the request for 4-6 biofeedback sessions is not medically necessary.