

Case Number:	CM14-0047019		
Date Assigned:	07/02/2014	Date of Injury:	05/08/2001
Decision Date:	04/15/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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: Emergency Medicine

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 sustained an industrial injury on 5/8/2001. The current diagnoses are depressive disorder with anxiety and psychological factors affecting medical condition. Per the progress report dated 12/26/2013, the injured worker developed symptoms of depression, anxiety, irritability, difficulty sleeping, excessive worry, chest pain, and emotional withdrawal secondary to continuing physical pain and disability. The treating physician is requesting 6 biofeedback sessions, which is now under review. On 3/24/2014, Utilization Review had non-certified a request for 6 biofeedback sessions. The biofeedback sessions were non-certified based on lack of documentation to support guideline criteria. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback sessions over the next forty-five days all on as needed basis.: 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 based on Non-MTUS Citation ODG: Mental Illness and Stress: Mind/body interventions (for stress relief).

Decision rationale: Provider specifically request biofeedback sessions based on Official Disability Guideline section and was specifically requested for psychological treatment and not for chronic pain. The provider claims that the ODG guidelines concerning mind-body interventions were the same as biofeedback. ODG only cites a single study showing biofeedback being effective for stress treatment. The provider claims that section concerning biofeedback in MTUS Chronic pain guidelines do not apply. Despite provider's claim, MTUS guidelines apply to this case and ODG section concerning mind-body intervention is not the equivalent of biofeedback. Biofeedback should be used in conjunction with cognitive behavioral therapy. The number of request sessions is not appropriate and does not meet criteria for recommendation of biofeedback in this patient.