

<b>Case Number:</b>	CM15-0126769		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 is a 32 year old male who sustained an industrial injury 06-02-15. A review of the medical records reveals the injured worker is undergoing treatment for major depressive disorder and psychological factors affecting medical condition, as well as orthopedic injuries. Medical records (05-01-15) reveal the injured worker complains of depression, anxiety, irritability, insomnia, as well as fatigue, trouble concentrating, and diminished confidence. The physical exam (05-01-15) reveals evidence of diminished cognitive thinking, and was noted to be defensive and guarded, with communication pressurized and depressed. Prior treatment includes physical therapy, acupuncture, and medication management for his orthopedic injuries, as well as psychotherapy, and psychological medications. The original utilization review (06-02-15) non-certified the request for 6 biofeedback sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback for 6 sessions over the next 45 days or more: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

**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. A request was made for six sessions of biofeedback, the request was noncertified by utilization review which provided the following rationale for its decision: "the total number of psychotherapy sessions and objective functional progress has not been reported. Therefore, this request is non-certified at this time." This IMR will address a request to overturn the utilization review decision and authorize six sessions of biofeedback treatment. The medical records did not contain sufficient information regarding the patient's prior psychological treatment history in order to determine whether or not this request is consistent with industrial guidelines. A psychologist initial treating report with psychological test results from April 2015 was found recommending psychological treatment. However no psychological treatment progress notes were included for consideration for this IMR. Is not clear whether or not the patient has received any psychological treatment and if so how much did he received and what results were obtained. It is not clear whether or not the patient has received any biofeedback treatment to date. Without knowing how many treatment sessions the patient has received, if any, to date the medical necessity the request cannot be determined MTUS guidelines recommend 6 to 10 sessions of biofeedback treatment after which the patient should continue biofeedback exercises independently at home. Because it could not be determined whether or not the patient has received any biofeedback treatment, it could not be determined whether or not this request for six sessions would exceed the MTUS guidelines. The requesting provider states that the patient is being for treated for depression and therefore the MTUS biofeedback guidelines do not apply as they relate chronic pain. This matter is beyond the scope of this IMR and is not considered here. Because medical necessity of the request was not established due to an absence of any psychological treatment progress notes for individual sessions or summary of psychological treatment provided to date, the utilization review decision for non-certification is upheld.