

Case Number:	CM15-0130686		
Date Assigned:	07/17/2015	Date of Injury:	12/23/2007
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 34 year old female with an industrial injury dated 12/23/2007. The injured worker's diagnoses include L4-5 and L5-S1 moderately severe facet arthropathy, bilateral S1 radiculopathy, L4-5 and L5-S1 disc degeneration with L4-5 grade 1 spondylolisthesis, obesity with failed lap band and major depression with bi polar disorder. Treatment consisted of diagnostic studies, prescribed medications, psychological consultation and periodic follow up visits. In a progress note dated 06/15/2015, the injured worker reported physical pain throughout body, sleep problems, appetite changes, sexual problems related to physical pain, psychological distress. The injured worker also reported emotional and cognitive symptoms including sadness, anxiety, worry, crying, hopelessness, concentration difficulties, tiredness, fatigue, irritability, frustration, and decreased resiliency in coping with daily life stressors. Objective findings revealed limited motor gestures and arm movements, pleasant, respectful and appropriate eye contact, oriented in all spheres, mood congruent affect and denied experiencing any hallucinations, illusions or perceptual distortion. The treating physician noted that her thought process was rational, relevant and coherent. The treating physician prescribed services for Biofeedback treatment (pain, functional impairment, depression, anxiety, somatization symptoms) 4-6 sessions (1x6) and consultation with a psychiatrist (pain, functional impairment, depression, anxiety, somatization symptoms) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback treatment (pain, functional impairment, depression, anxiety, somatization symptoms) 4-6 sessions (1x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy (CBT) program.

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

Decision rationale: MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." The request for Biofeedback treatment (pain, functional impairment, depression, anxiety, somatization symptoms) 4-6 sessions (1x6) is not medically necessary as guidelines suggest that evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The injured worker has been authorized for psychological treatment; however, there is no report of the functional improvement with the treatment. Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The injured worker has already undergone psychotherapy treatment and thus biofeedback is not medically necessary at this time.

Consultation with a psychiatrist (pain, functional impairment, depression, anxiety, somatization symptoms): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." The request for Consultation with a psychiatrist (pain, functional impairment, depression, anxiety, somatization symptoms) is medically necessary as the injured worker could benefit from the evaluation and treatment of the ongoing psychiatric symptoms. Will respectfully disagree with UR physician's decision.