

Case Number:	CM15-0132167		
Date Assigned:	08/05/2015	Date of Injury:	03/31/2015
Decision Date:	09/01/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/08/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 28 year old male who sustained an industrial injury on 3-31-15. In a primary treating psychologist's initial report with psychological test results dated 4-30-15, the provider notes the mechanism of injury as supervisory harassment. It is noted that the injured worker developed symptoms of mental disorder including depression, anxiety, irritability and insomnia. There have been significant alterations in his lifestyle in that his quality of life became deteriorated. The injured worker reports persistent symptoms of depression including changes in appetite, weight, sleep disturbance, difficulty thinking and feelings of emptiness and inadequacy as well as recurring periods of anxiety with symptoms including recurrent panic attacks, agoraphobia, excessive worry, feelings of restlessness, irritability, muscle tension, abdominal distress and feelings of terror. It is noted, the injured worker reports stress-intensified medical symptoms with worsened headache, neck-shoulder-back muscle tension-pain, nausea, vomiting, shortness of breath, chest pain, palpitations, abdominal pain-cramping, constipation and diarrhea. He has recently taken Ibuprofen, OxyContin and Percocet. On exam, he demonstrated diminished cognitive functioning in the clinical interview situation. The Beck Depression Inventory score was 29. The Beck Anxiety Inventory score was 27. The Beck Scale for Suicidal Ideation score was 7. The Insomnia Severity Index score was 23. The Neuroticism Scale Questionnaire scores revealed excessive depression. Diagnoses are major depressive disorder; single episode; unspecified, generalized anxiety disorder with panic attacks, psychological factors affecting medical condition (stress-intensified headache, neck-shoulder-back muscle tension-pain, nausea, vomiting, shortness of breath, chest pain, palpitations, abdominal pain-

cramping, constipation and diarrhea). He is noted to be temporarily totally disabled on a psychological basis. The treatment plan is for 6 cognitive behaviors psychotherapy sessions and 6 biofeedback sessions to be provided concurrently, all in conjunction with 2 medication management sessions over the next 3 months or more on an as needed basis. A prescription dated 4-27-15 is for Bupropion, Buspar, Lunesta, and Alprazolam. The requested treatment is biofeedback sessions; six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Sessions 6 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 24-25, Biofeedback.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Biofeedback sessions. MTUS guidelines state the following: 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. ODG biofeedback therapy guidelines: Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions); Patients may continue biofeedback exercises at home. The clinical documents state that the patient is currently undergoing CBT therapy. According to the clinical documentation provided and current MTUS guidelines; Biofeedback sessions, as written above, is medically necessary to the patient at this time.