

Case Number:	CM15-0141863		
Date Assigned:	07/31/2015	Date of Injury:	02/25/2005
Decision Date:	09/03/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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 59 year old male who sustained an industrial/work injury on 2-25-05. He reported an initial complaint of pain in head, neck, back, shoulder. The injured worker was diagnosed as having intervertebral disc disorders, brachial neuritis or radiculitis, and other affections of shoulder region, other disorders of the cervical region, degeneration of cervical intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, osteoarthritis, rotator cuff syndrome of shoulder, superior glenoid labrum lesions, dislocation of knee, displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatment to date includes medication, diagnostics, and psychotherapy. Currently, the injured worker complained of persistence of headaches, neck, and knee pain. Per the primary physician's report (PR-2) on 4/20/15, findings are associated with cubital tunnel syndrome, lumbar herniated nucleus pulposus, and right knee meniscal tear. The requested treatments include 6 Biofeedback 6 sessions for depressive and anxiety disorders as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Biofeedback 6 sessions for depressive and anxiety disorders as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 was re-evaluated by [REDACTED]. In his report, [REDACTED] recommended follow-up psychotherapy sessions as well as biofeedback sessions. The request under review is based on these recommendations. The CA MTUS recommends the use of biofeedback and recommends that it be used in conjunction with CBT. It further recommends "total of up to 6-10 visits" as long as there is evidence of objective functional improvement. Considering that the injured worker received an authorization for an initial 6 psychotherapy sessions, the request for an initial 6 biofeedback sessions appears reasonable. As a result, the request for 6 biofeedback sessions is medically necessary.