

<b>Case Number:</b>	CM15-0149442		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 57-year-old male who sustained an industrial injury on May 3, 2012 resulting in head injury. He was diagnosed with post concussive syndrome, major depressive disorder, pain disorder associated with psychological factors, and post-traumatic stress disorder. Documented treatment has included cranial blood clot removal, medication, cognitive behavioral therapy, and biofeedback, which is noted to have enhanced functional improvement and activity; a decrease in depressive symptoms; and, reduction of a need for pharmaceutical pain management. The injured worker continues to present with psychological complaints, but notes improvement with pain management and feelings of distress through his therapy sessions. The treating physician's plan of care includes cognitive behavioral therapy and six sessions of biofeedback. He is totally, permanently disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), biofeedback therapy guidelines chapter.

**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 has been receiving psychological services including both psychotherapy and biofeedback sessions from [REDACTED] for a total of 10 sessions. The request under review is for an additional 6 biofeedback sessions in conjunction with an additional 6 authorized psychotherapy sessions. The CA MTUS recommends up to 6-10 biofeedback sessions with additional biofeedback exercises to be done at home. Considering that the injured worker has already completed a total of 10 biofeedback sessions, an additional 6 sessions will exceed the total number of sessions set forth by the CA MTUS. As a result, the request for an additional 6 biofeedback sessions is not medically necessary.