

Case Number:	CM15-0169042		
Date Assigned:	09/09/2015	Date of Injury:	11/29/2004
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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 47-year-old male who presented with an industrial injury on November 29, 2004 resulting in report of loss of motivation, worry, frustration, anxiety, nervousness and irritability. Diagnoses have included Depressive Disorder Not Otherwise Specified with Anxiety, and history of Posttraumatic Stress Disorder. Documented treatment includes an unspecified number of cognitive behavioral therapy sessions and Lexapro. The treating provider states cognitive behavioral therapy has helped the injured worker in the past with posttraumatic stress disorder and the plan of care includes continuing cognitive behavioral therapy on a weekly basis in conjunction with 12 sessions of biofeedback, but this was modified by utilization review to 6, citing that guidelines require a trial period of 6 to 10 visits before more can be approved. Physician's report of July 17, 2015 states he can return to work on full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 weekly biofeedback treatments: 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 14 weekly biofeedback treatment sessions; the request was modified by utilization review to allow for 6 sessions. The rationale provided by utilization review was: "it does not appear that the patient has been recently trialed with any biofeedback therapy and initiation of this care in conjunction with the certified cognitive behavioral therapy will be recommended. However, as the patient's response to this care is not known, an initial limited amount to assess progress would be recommended." This IMR will address a request to overturn the utilization review modified decision. The MTUS guidelines on biofeedback recommend a course of treatment consisting of 6 to 10 sessions maximum with a notation that afterwards the patient should be utilizing biofeedback treatment independently. The Official Disability Guidelines do not discuss the use of biofeedback treatment in terms of session quantity recommended. The request for 14 sessions would exceed the maximum MTUS guidelines for this treatment modality. Therefore, the utilization review determination for modification is upheld, as medical necessity of the request for 14 sessions is not supported by the industrial guidelines. The request is not medically necessary.