

<b>Case Number:</b>	CM15-0180280		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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:

This 61 year old female sustained an industrial injury on 5-5-09. Documentation indicated that the injured worker was receiving treatment for injuries involving her shoulders, neck and upper extremities. In the only documentation submitted for review, a psychiatric follow-up report dated 8-3-15, the physician noted that the injured worker's physical injuries had resulted in a depressive mental disorder with damage to self-esteem, emotional withdrawal, cognitive impairment and concentration, attention and memory deficits. The physician noted that despite a psychological evaluation dated 7-10-12, the injured worker had not received psychological treatment. At the time of exam on 7-16-15, the injured worker remained symptomatic with changes in appetite and weight, sleep disturbance, decreased energy, difficulty thinking, feelings of emptiness and inadequacy, recurrent panic attacks, excessive worry, fear of dying and unprovoked crying episodes. The injured worker had also experienced stress-intensified medical symptoms with worsened headaches, pain, shortness of breath, peptic acid reaction, increased urinary frequency and diarrhea. The injured worker's ability to maintain activities of daily living had been impaired. The injured worker scored 42 on the Beck Depression Inventory, 45 on Beck Anxiety Inventory, 20 on the Beck Hopelessness Scale and 27 on the Insomnia Severity Index. The injured worker was diagnosed with major depressive disorder, single episode and psychological factors affecting medical condition. The physician recommended an initial trial of six cognitive behavioral therapy sessions and with evidence of objective functional improvement, a total of up to 13 to 20 cognitive behavioral therapy visits over 12 to 20 weeks.

On 9-2-15, Utilization Review noncertified a request for six biofeedback sessions over the next three months or more on an as-needed basis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 biofeedback sessions over the next 3 months or ore on an as-needed basis:** 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): Behavioral interventions, 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 6 biofeedback sessions over the next 3 months or more on an as-needed basis; the request was non-certified by UR with the following provided rationale for its decision: "Per the CA-MTUS, "not recommended as a stand-alone treatment, but recommended as an option in the cognitive behavioral (CBT) program to facilitate exercise therapy and returned to activity." There is no documentation in support requested biofeedback at this time. The patient is being recommended for a short course of psychotherapy at this time and efficacy from this trial should be documented prior to consideration for concurrent biofeedback sessions." This IMR will address a request to overturn the utilization review decision and authorize six sessions of biofeedback. According to a psychological report from August 3, 2015 the patient was diagnosed with Major Depressive Disorder, single episode, unspecified and Psychological Factors affecting Medical Condition (stress intensified headache, neck and shoulder tension and pain, nausea, shortness of breath, peptic acid reaction, diarrhea and possible stress aggravated asthma). A request was made for cognitive behavioral therapy as well as biofeedback. The biofeedback component appears to been not approved whereas the cognitive behavioral therapy was approved. It was noted by the requesting provider that the "initial six cognitive behavioral therapy sessions should be accompanied by an initial six biofeedback sessions provided essentially concurrently one session after another, all in conjunction with medications, according to patient preference pursuant to the psychotherapy guidelines." As best as could be determined from the medical records, the patient has participated in a prior course of psychological treatment. It is not clear whether or not this prior course of psychological treatment included a course of biofeedback training. The MTUS guidelines do allow for the use of biofeedback training up to a maximum of 6 to 10 sessions. It is necessary to know whether or not the patient participated in prior biofeedback training in her previous course of psychological treatment in order to determine whether this course is

medically appropriate. Because there is no clear statement in the medical records whether or not the patient has had prior biofeedback training and if so how many sessions of biofeedback she had and with what resulted from it, the medical necessity for the request for six sessions of biofeedback is not established, and therefore the utilization review decision for non-certification is upheld.