

<b>Case Number:</b>	CM15-0182141		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/09/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 injury on 08/09/2014 involving injury to the left shoulder, mid back, neck, left foot, and right knee. He was treated conservatively with physical therapy and home exercise. Per psychological status report request for authorization of 08/27/2015 psychological status report of 08/27/15 (which are the same reports), pain had mostly resolved. This was visit 5/6 with 20 minutes biofeedback. Current physical symptoms included intermittent headaches with some residual pain in the neck, shoulder and lower extremity rated 3-4/10. Psychological symptoms included post-traumatic stress reactions of sleep disturbance, emotional lability, nightmares, flashbacks, anhedonia, hopelessness, hypervigilance, anxiety, depression and restlessness. Current medications included Norco, Trazodone and a muscle relaxant. 60 minutes of CBT and 20 minutes of biofeedback were documented. He appeared to be less stressed and was continuing psychotropic medications. Prozac was refilled. Weight loss had leveled off and there was less concern. Sleep was unchanged at 5 hours uninterrupted sleep, with reduced disturbance due to pain and disturbing dreams. Reduced initial insomnia was noted. He continued antihypertensives and Trazodone. He was taking less Norco, ibuprofen and muscle relaxant. There had been no alcohol consumption since the last visit. Symptoms had improved with no recent distressing recollection of traumatic events and no reports of rapid heart rate. Depression was reduced. Diagnoses included posttraumatic stress disorder, depressive disorder not otherwise specified, pain disorder associated with both psychological factors and a general medical condition, psychological factors affecting a general condition and alcohol abuse. Treatment included

continued sobriety, socializing, continued medication, increased physical exercise, schedule physical therapy, reschedule cardiology and follow up with orthopedist. Treatment goals included reducing the following symptoms: PTSD, depression, anxiety, isolation, pain avoidance behavior, panic episodes, catastrophic thinking, and alcohol consumption, with increase of social contact. He was temporarily totally disabled. On 08/27/2015 authorization was requested for 6 visits of psychotherapy, 6 sessions of biofeedback and monthly reports during authorized treatment dates. On 08/31/2015, UR non-certified the request for biofeedback for 6 units and authorized the request for outpatient psychotherapy for 6 units 09/01/15-10/27/15.

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

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

**Biofeedback for 6 Units:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

**Decision rationale:** Per MTUS biofeedback is not recommended as a stand-alone treatment, but as an option in conjunction with CBT 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. The patient's pain was said to have mostly resolved and I saw no further CBT certified beyond those authorized to 10/27/15. This request is noncertified. Therefore, the requested treatment is not medically necessary.