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| Case Number: | CM15-0190251 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 12/15/2014 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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 53 year old male, who sustained an industrial injury on 12-15-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for traumatic amputation of the distal portion of the left middle finger, stress and anxiety. Medical records (03-05-2015 to 08-17-2015) indicate ongoing pain and numbness in the left hand, as well as stress, anxiety, depression, fatigue, sleep loss, weight loss, nervousness, sweats, low back pain, neck pain and stiffness, shoulder blade pain bilateral shoulder, hands leg and knee pain, ringing in the ears, failing vision, nasal obstruction, belching, excessive thirst, and poor appetite. Pain levels were 0 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The psychological exam, dated 08-17-2015, stated that the IW presented as, distressed, sad, depressed, upset and irritable. Short-term memory was strained, and judgment was noted to be suboptimal and impacted by ongoing disturbance. There was noted concern regarding physical limits, financial stability, and future employment opportunities. Diagnoses included generalized anxiety disorder, major depressive disorder associated with psychological factors and medical condition, primary insomnia related to stress and pain. Relevant treatments have included: surgery to the left hand, physical therapy (PT), 3-4 session of previous psychological treatments, work restrictions, and pain medications. The request for authorization (08-18-2015) shows that the following therapy was requested: biofeedback psyche therapy 2-3 times a month for 3 months. The original utilization review (08-26-2015) non-certified the request for biofeedback psyche therapy 2-3 times a month for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback psyche therapy 2-3 times a month for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. 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: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in March 2015 with 3-4 subsequent psychotherapy sessions. He was evaluation again on 8/17/15 by [REDACTED]. In the psychological evaluation report, [REDACTED] recommended additional psychological services and treatment. The request under review, for biofeedback sessions 2-3 a month for 3 mos. is based on [REDACTED] recommendations. Regarding the use of biofeedback, the CA MTUS recommends that it be used in conjunction with CBT sessions. It recommends an initial trial of 3-4 visits and with evidence of objective functional improvement, total of 6-10 visits. It is unclear from the records whether the injured worker is participating in any CBT services. Additionally, the request for an initial 6-9 biofeedback sessions exceeds the total number of initial sessions set forth by the CA MTUS. As a result of the above rationale, the request is not medically necessary.