

Case Number:	CM15-0192057		
Date Assigned:	10/06/2015	Date of Injury:	07/13/2012
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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 49 year old male, who sustained an industrial injury on 7-13-2012. Diagnoses include coping deficits and maladaptive health behaviors affecting multiple injuries and chronic pain disorders, rule out conversion disorder. Treatments to date include medication therapy and 56 cognitive behavioral and biofeedback sessions. A cognitive behavioral therapy report dated 8-4-15 indicated the visit was #56. There was completion of cognitive behavioral therapy and biofeedback to improve coping skills and stress as well as decreased chronic tension and autonomic reactivity. The provider documented complaints of ongoing low back pain with radiation to bilateral lower extremities, weakness, and bilateral knee pain. The provider documented this visit was the twelve follow-up visit since a narrative dated 2-3-15 with stable waxing and waning pain, decreased medication use, and decreased worry, rumination, and over-estimation of threat. The provider documented he had regained his ability for walking and climbing stairs with support and increased physical activity and social role functioning. He was noted to continue to struggle with managing physical tension, muscular bracing, autonomic reactivity and dysfunctional coping mechanisms. The plan of care included additional biofeedback sessions. The appeal requested authorization for eight (8) biofeedback sessions. The Utilization Review dated 9-18-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of biofeedback: Upheld

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

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 has been receiving psychological services including individual psychotherapy with biofeedback from [REDACTED]. In the 8/14/15 progress report, [REDACTED] provides relevant and appropriate information about the services completed as well as the injured workers continued symptoms and recommendations for continued treatment. Regarding the use of biofeedback, the CA MTUS recommends up to 10 sessions with ongoing biofeedback exercises to be done at home. Given the fact that the injured worker has already completed a total of 56 sessions, which already exceeds the recommended number of total sessions set forth by the CA MTUS, the request for an additional 8 biofeedback sessions is not medically necessary.