MAXIMUS Federal Services

Case Number:	CM15-0196685		
Date Assigned:	10/12/2015	Date of Injury:	08/08/2014
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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 37 year old male who sustained an industrial injury on 8-8-14. A review of the medical records indicates he is undergoing treatment for major depressive episode - moderate, anxiety disorder due to chronic pain syndrome, lumbar degenerative disc disease, and lumbar or thoracic radiculopathy. Medical records (7-6-15 to 8-20-15) indicate complaints of low back pain, rating it "6 out of 10" with associated lower extremity numbness and tingling. He also complains of "moderate" depression and anxiety. The psychological assessment (8-20-15) reveals that the injured worker has emotional complaints of anxiety dreams, frequent worry, difficulty concentrating, low self-esteem, self-critical thoughts, feeing on edge, fatigue, frustration, difficulty sleeping, sadness, and generalized emotional pain. He has experiences frequent negative feelings of hopelessness, anxiety, irritability, and frustration. The report indicates that he has a history of suicidal or homicidal ideation in the past, but denies any current plan. His insight and judgment "appear intact and consistent". Psychological testing, including Beck Depression, Beck Anxiety, Psychosocial Pain Assessment Scale, Mental Health Quality of Life Scale, McGill Pain Questionnaire, and Epworth Sleepiness scale were completed. The treating provider states that his "industrial injury has proven to be quite significant" and "he has struggled to maintain a positive outlook throughout his ordeal of numerous medical office visits, physical therapy, failing health, financial difficulties, and chronic pain." The treatment recommendations are for cognitive therapy for depression, psychological treatment, functional improvement measures, and biofeedback. The treating provider indicates that the injured worker "responded well to a test session of biofeedback" and "this protocol should be included to facilitate his awareness, recognition, and management of stress and tension in his body that can exacerbate depression and anxiety, mental suffering and other negative reflexes." The utilization review (9-29-15) indicates denial of the request for 8 sessions of biofeedback therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy quantity: 8 sessions: 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, Behavioral interventions.

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. Decision: a request was made for eight sessions of biofeedback treatment; the request was non-certified by utilization review which provided the following rationale for its decision: "there is documentation of anxiety and depression. However, given documentation that CBT is pending, there is no documentation of a lack of progress after four weeks of physical medicine including a cognitive motivational approach. In addition the requested eight visits exceed guidelines for (an initial trial)." This IMR will address a request to overturn the utilization review decision. According to a July 23, 2015 comprehensive psychological report, He was diagnosed with: Major Depressive Episode, Moderate and Anxiety Disorder Due To Chronic Pain Syndrome. Treatment recommendations were for a referral to psychiatry for evaluation of appropriate psychotropic medication, and psychotherapy to include cognitive behavioral therapy. It was also noted in this report that "in addition, the patient responds well to a test session of Biofeedback. This protocol should be included to facilitate his awareness, recognition, and management of stress and tension in his body that can exacerbate depression and anxiety, mental suffering and other negative reflexes." It was also recommended that he receive "psycho-education." The medical necessity the request for eight sessions of biofeedback was not established by the provided documentation. It appears, it could not be entirely verified by the provided documents, that the patient has been authorized for cognitive behavioral therapy and psychiatric referral. There are no treatment records to determine how he is doing in his treatment. The need for biofeedback treatment modality in addition to cognitive behavioral therapy and psycho education and psychiatric referral is not established for this patient. Additional information would be needed to support this request regarding the patient's progress in treatment and a more clear rationale for why biofeedback would be needed as an adjunct of treatment. The MTUS guidelines do recommend 6-10 maximum sessions of biofeedback. However, the medical necessity the request still needs to be established and in this case the patient appears to be receiving a significant amount of mental health intervention for which there is no report of results yet provided. Therefore, because the medical necessity the request is not established the utilization review decision for non-certification is upheld, and not medically necessary.