

Case Number:	CM15-0197448		
Date Assigned:	10/12/2015	Date of Injury:	7/18/2012
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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 is a 64-year-old male with a date of injury on 7-18-15. A review of the medical records indicates that the injured worker is undergoing treatment for multiple orthopedic complaints and depression. Progress report dated 9-4-15 history of physical injuries and due to chronic pain the injured worker developed anxiety, worry, sadness, and frustration, hopelessness, and sleep problems. He has complaints of neck, lower back, bilateral hips, left leg, and left shoulder pain. He reports numbness and tingling in his legs down to his toes. He also has complaints of headaches. He states his physical and emotional well being and quality of life have diminished. He is not currently taking psychotropic drugs. Findings of psychological assessment: depression score is significantly above average for people with chronic pain. Pain anxiety and depression may hinder functional physical and emotional improvement. Treatments include: medication, physical therapy, injections, low back surgery 2012 and 2013. Request for authorization dated 9-8-15 was made for biofeedback treatment 6 sessions. Utilization review dated 9-15-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback treatment x8 sessions: Overturned

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 completed an initial psychological evaluation with [REDACTED] on 9/4/15. In the evaluation report, [REDACTED] presents relevant and appropriate information regarding the need for follow-up services. He recommends CBT as well as biofeedback in addition to a psychiatric referral. The request under review is based upon these recommendations. Considering that the injured worker continues to experience chronic pain as well as psychiatric symptoms of depression and anxiety, the use of biofeedback in conjunction with CBT may be highly effective and is supported by the CA MTUS. As a result, the request for an initial 6 biofeedback sessions is appropriate and medically necessary.