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| Case Number: | CM15-0197559 | | |
| Date Assigned: | 10/13/2015 | Date of Injury: | 11/19/2009 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 10/05/2015 |
| 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:

The injured worker is a 53 year old male with an industrial injury date of 11-19-2009. Medical record review indicates he is being treated for major depressive disorder with psychotic features, anxiety disorder and pain disorder associated with both psychological factors and a general medical condition. In the treatment note (exam date 09-25-2015-report date 09-30-2015) the injured worker was complaining of low back pain which he described as "aching and stabbing." "His pain is often so severe that he cannot get out of bed without assistance. He walks with a cane for fear of falling." The injured worker rated his pain as 8-9 out of 10. Other documented complaints were sleep disruption, crying, problems thinking clearly, anxiety and depression. Mental status examination findings are documented as depressed, fearful, tearful, pessimistic, irritable and angry. The treating physician documented the injured worker had feelings of worthlessness and concerns regarding supporting his family. Documentation notes the injured worker was suspicious that someone may try to harm his family. He reported frequently checking locks, phobic fears of closed spaces, auditory hallucinations of voices 3-4 times a week and visual hallucinations of shadows 2-3 times a week. The treating physician documented evaluation of cognitive processes indicated that the injured worker's attention and concentration skills were severely impaired. Prior treatment included medications for pain and anxiety. Current test results (09-25-2015) are documented as: Beck Anxiety Inventory - 27 - Beck Depression Inventory II - 35 - Personality Assessment Screener - "the client's responses indicated a moderate risk for experiencing clinical problems." The treating physician documented the areas identified as problematic included negative effect, health problems, social

withdrawal, hostile control, and alcohol problem and anger control. His medications included Hydrocodone, Lorazepam, Metformin, Atorvastatin and Methadone. The treating physician recommended individual psychotherapy with relaxation training, cognitive therapy and biofeedback. The treatment request is for biofeedback x 6 sessions. On 10-05-2015 the request for biofeedback x 6 sessions was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback x6 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): Behavioral interventions, Psychological treatment.

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 six sessions biofeedback; the request non-certified by utilization review of the following provided rationale: "Psychotherapy was requested and found medically reasonable. However, before biofeedback treatment can be indicated, treatment with CBT must be rendered. In addition, a re-evaluation assessing the patient's state after CBT trial must be provided. The request has not been substantiated." This IMR will address a request to overturn the utilization review decision. According to the provided medical records, it appears that a request was made for both psychological treatment and biofeedback treatment at the same time. The request for the psychological treatment was approved whereas the biofeedback treatment was not with the utilization review stating that completion of the initial sessions of cognitive behavioral treatment needs to be completed prior to the start of biofeedback. The patient had an initial psychological consultation report on October 25, 2012 which indicated a diagnosis of Major Depressive Disorder, Generalized Anxiety Disorder, and Somatization Disorder with a Loud of Undifferentiated Somatoform Disorder. There is also a diagnosis of Pain Disorder associated with both Psychological factors and a General medical condition. Treatment was recommended at that time for 12 sessions of individual psychotherapy, biofeedback and psychiatric consultation for medication. The psychological re-evaluation report was found from September 30, 2015. It is mentioned by the provider in this note that "denial of biofeedback is hereby appealed based on the research described below supporting its use for chronic pain, anxiety, and depression. Without biofeedback, is anticipated that treatment will progress more slowly, more

psychotherapy sessions will be required, and the patient's utilization of medical resources will be greater, such as emergency room visits for panic attacks." Several treatment goals and research supporting the use of biofeedback were provided. The provided medical records do not establish the medical necessity the requested treatment on an industrial basis for the following reason: the provided medical records indicate the patient has received prior psychological treatment including biofeedback, however there were no psychological treatment progress notes from his 2012-2013 treatment. It is not clear whether or not this treatment took place but it appears likely that it did. Without a definitive statement regarding whether or not the patient received biofeedback treatment during a prior course of psychological treatment, and if so how much biofeedback treatment was provided to the patient as well as what objective and functional benefits were derived from any such treatment, if it was in fact provided, the medical necessity of this request was not established and therefore the utilization review decision is upheld. Without a definitive statement regarding whether or not the patient received biofeedback treatment during a prior course of psychological treatment, and if so how much biofeedback treatment was provided to the patient as well as what objective and functional benefits were derived from any such treatment, if it was in fact provided, the medical necessity of this request was not established and therefore the utilization review decision is upheld not medically necessary.