

Case Number:	CM15-0023789		
Date Assigned:	02/13/2015	Date of Injury:	03/28/2011
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 35-year-old male injured worker suffered and industrial injury on 3/28/2011. The diagnoses were chronic pain, depression, post-traumatic stress syndrome and anxiety. The treatments were psychotherapy, relaxation training, medications, cognitive therapy biofeedback, behavioral management, physical therapy, acupuncture, epidural steroid injections and surgery. The Utilization Review Determination on 1/8/2015 non-certified Three (3) biofeedback sessions, citing MTUS, ACOEM, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) Biofeedback Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: According to the guidelines, Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. Criteria is as follows: Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: Initial trial of 3-4 psychotherapy visits over 2 weeks With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Patients may continue biofeedback exercises at home. In this case, the claimant is undergoing therapy with a psychiatrist as well as performing acupuncture, home exercises, pain medications, physical therapy , etc. Due to chronic pain and incomplete resolution with multiple modalities, the biofeedback is appropriate for an initial 3 sessions and medically necessary.