

Case Number:	CM15-0216293		
Date Assigned:	11/06/2015	Date of Injury:	03/09/2013
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/03/2015

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 44 year old female, who sustained an industrial injury on 3-9- 2013. Diagnoses include post-concussion syndrome, pain disorder associated with psychological factors and a medical condition and panic disorder without agoraphobia. Treatments to date include psychotherapy, biofeedback, cognitive behavioral therapy, vestibular therapy, and neurofeedback. On 9-17-15, she reported significant reduction in anxiety and headaches. She reported being able to reduce myofascial tension with biofeedback. The physical examination documented she was cooperative and motivated, and presented with euthymic mood absent s-i. The plan of care included eight additional cognitive behavioral therapy and eight biofeedback therapy sessions. On 10-1-15, she reported increased anxiety for ten days. The physical examination documented she presented with a mildly anxious mood. The Beck Anxiety Inventory was re-administered with 50% improvement from the prior testing. The plan of care included additional therapy sessions. The appeal requested authorization for six (6) biofeedback therapy sessions and six (6) cognitive therapy sessions. The Utilization Review dated 10-21-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback x 6 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.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological treatment including biofeedback services from [REDACTED] and individual psychotherapy from [REDACTED]. According to the UR determination letter, the injured worker has completed a total of 8 biofeedback and 8 psychotherapy sessions. Unfortunately, this information cannot be confirmed as no documentation can be found regarding the number of completed sessions to date on any of [REDACTED] progress reports. In the use of biofeedback, the CA MTUS recommends a total of up to 10 biofeedback sessions. Beyond 10 sessions, it is assumed that biofeedback exercises can be done at home. Without knowing the exact number of completed sessions to date, the need for any additional treatment cannot be determined. As a result, the request for an additional 6 biofeedback sessions is not medically necessary.

Cognitive therapy x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological treatment including biofeedback services from [REDACTED] and individual psychotherapy from [REDACTED]. According to the UR determination letter, the injured worker has completed a total of 8 biofeedback and 8 psychotherapy sessions. Unfortunately, this information cannot be confirmed as no documentation can be found regarding the number of completed sessions to date on any of [REDACTED] progress reports. In the use of behavioral interventions, the CA MTUS recommends up to 10 sessions as long as progress has been made. Without knowing the exact number of completed sessions to date, the need for any additional treatment cannot be determined. As a result, the request for an additional 6 CBT sessions is not medically necessary.