MAXIMUS Federal Services

Case Number:	CM15-0217388		
Date Assigned:	11/09/2015	Date of Injury:	03/27/2014
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/04/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 52 year old male, who sustained an industrial injury on 3-27-2014. The injured worker was being treated for major depressive disorder, single episode, severe, with moderate anxious distress; chronic pain associated with psychological dysfunction, pain disorder with associated psychological factors, and pain in joint of hand. The injured worker (7-28-2015 and 8-26-2015) reported ongoing feelings of depression, worrying, irritability, fatigue, and decreased energy. The physical exam (7-28-2015 and 8-26-2015) included a musculoskeletal exam, but did not include a psychological exam. The injured worker (9-15-2015) reported feeling depressed, insecure, irritability, sensitivity, anxious about pain and inability to work, and a lack of desire to engage socially. The objective findings (9-15-2015) included no auditory or visual hallucinations, no suicidal ideation, tired and fatigued with psychomotor retardation and slowed speech, physical agitation, hand fidgeting, a dysthymic mood, and blunted affect. Per the treating psychologist (9-15-2015 report), The Millon Behavioral Medicine Diagnostic inventory revealed the injured worker was "experiencing a significantly deeper level of depression than is typical combined with elevated anxiety symptoms." The treating physician noted the Pain Patient Profile showed the injured worker's depression score was 61, anxiety score of 56, and somatization score of 60 were above average for most patients. Treatment has included physical therapy, trigger point injections, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including oral pain, topical pain, and proton pump inhibitor. Per the treating physician (9-15-2015 report), the injured worker has not returned to work. The requested treatments included 6 sessions of biofeedback therapy. On 10-27-2015, the original utilization review modified/ non-certified a request for 6 sessions of biofeedback therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Biofeedback Therapy Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Hypnosis.

Decision rationale: MTUS is silent on the topic of hypnosis. ODG states Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited. ODG Hypnotherapy Guidelines: Initial trial of 4 visits over 2 weeks; With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). The request for 6 Biofeedback Therapy Sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary.