MAXIMUS Federal Services

| Case Number: | CM15-0217594 | | |
|---|---|---|---|
| Date Assigned: | 11/09/2015 | Date of Injury: | 03/07/2011 |
| Decision Date: | 12/21/2015 | UR Denial Date: | 10/07/2015 |
| 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 63 year old female who sustained an industrial injury on 03-07-2011. In the provider notes of 09-21-2015, the worker is seen for adjustment disorder with mixed anxiety and depressed mood. The worker has had multiple musculoskeletal and orthopedic injuries leading to seven surgeries. Her injuries include a both knees (she had a total right knee replacement), her right hip (she has had a right hip replacement), her bilateral shoulders, and her upper back. She presented with symptoms of depression and anxiety and interrupted sleep. She currently has situational depression and anxiety secondary to uncertainty regarding her medical condition, pain, discomfort and low of functioning resulting from numerous bodily impairments. A request for authorization was submitted for: Psychotherapy (x6); Psychophysiological therapy (Biofeedback) (x6); Customized Compact Discs (x4); Psychological progress report (monthly); Psychiatric evaluation. A utilization review decision 10-07-2015 approved; Psychotherapy (x6); Psychiatric evaluation. And non-certified: Psychophysiological therapy (Biofeedback) (x6); Customized Compact Discs (x4); Psychological progress report (monthly).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychophysiological therapy (Biofeedback) (x6):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback therapy guidelines; Psychotherapy guidelines (http://www.odg-twc.com/odgtwc/pain.htm).

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

**Decision rationale:** It is unclear how many biofeedback sessions have been completed if any or that treatment is concurrent with Cognitive Behavioral Therapy (CBT). Per Guidelines, Biofeedback is not suggested as a stand-alone therapy, but may be incorporated after an adequate trial of CBT, not demonstrated here. The CBT must first show functional improvements and the necessity of the biofeedback as appropriate in order to deal better with the pain, improve functionality, and decrease medications; however, this has not been adequately demonstrated in the submitted reports as the patient's function remains unchanged with overall daily activities without decrease in pharmacological dosages, medical utilization, without progress or change in functional status post psychological treatment already rendered. Medical necessity for Biofeedback has not been established and guidelines criteria are not met. The Psychophysiological therapy (Biofeedback) (x6) is not medically necessary or appropriate.

**Customized Compact Discs (x4):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Models and Definitions, Initial Assessment, Medical, Physical Examination, Diagnostic Testing, Treatment, Work-Relatedness, Follow-up, Failure, References.

**Decision rationale:** MTUS does not address the request for customized compact discs. It is unclear why the patient requires these compact discs or what functional benefit can be gained from these discs that cannot be obtained from attending the authorized psychotherapy visits. Submitted reports have not demonstrated the indication, extenuating circumstances, evidence based studies or medical necessity for these customized compact discs beyond guidelines recommendations for psychological treatment. The Customized Compact Discs (x4) is not medically necessary or appropriate.

**Psychological progress report (monthly):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

**Decision rationale:** Guidelines state office visits and follow-ups with integral progress reports are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be predetermined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; undetermined quantity of monthly progress reports is not medically indicated for this chronic injury. The psychological progress report (monthly) is not medically necessary or appropriate.