MAXIMUS Federal Services

Case Number:	CM15-0221393		
Date Assigned:	11/16/2015	Date of Injury:	11/15/2013
Decision Date:	12/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/10/2015

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 49 year old male, who sustained an industrial injury on 11-15-2013. A review of the medical records indicates that the worker is undergoing treatment for skin burns, shoulder pain, post-traumatic stress disorder and pain disorder associated with psychological factors and a general medical condition Treatment has included pain medication, wound debridement, skin graft surgery and multiple psychotherapy sessions consisting of cognitive behavioral therapy and biofeedback. Documentation shows that the injured worker had undergone multiple sessions of psychotherapy (at least 36) consisting of cognitive behavioral therapy and biofeedback. During a 09-25-2015 psychological status report the psychologist noted that the worker had undergone 4 out of 6 approved sessions for psychotherapy. Biofeedback was noted as being provided for trauma processing. Functional improvements after these sessions included reduced anxiety and catastrophic thinking, improved sleep and appetite, increased socialization, reduction in nightmares, fear avoidance behavioral, PTSD symptoms and catastrophic thinking and increased readiness for return to work, although the results from each session indicate symptoms as being largely unchanged. Some improvement in subjective units of distress was documented after the sessions. The psychologist noted that a request for 6 visits of biofeedback for use in conjunction with psychotherapy was being requested with treatment goals including further decrease depression and anxiety, eliminating PTSD symptoms and return to level of employability. A utilization review dated 10-06-2015 non-certified a request for EXT biofeedback x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT Biofeedback x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter, Mental Illness and Stress, topic: PTSD psychological treatments, August 2015.

Decision rationale: Citation Summary: 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. A request was made for six sessions of biofeedback, the request was number non-certified by utilization review which provided the following rationale for its decision: It is not clear how many prior biofeedback sessions IW has had, but he has had approximately 41 psychotherapy sessions since February 18, 2014. No documented re-injury. Based on the fact that the IW has already had extensive psychotherapy and unknown number of sessions of biofeedback, and is without hard clinical indications for need for additional six sessions, according to the MTUS treatment guidelines the request is not medically necessary." This IMR will address a request to overturn the utilization review decision. Decision: the MTUS guidelines do not address the use of biofeedback directly for PTSD treatment. The ODG (Official Disability Guidelines do mentioned clearly that there is strong level of recommendation for the following treatments cognitive therapy, exposure therapy, stress inoculation training and EMDR (Eye Movement Desensitization and Reprocessing). In general biofeedback training can be helpful to produce relaxation but it is not a standard treatment for PTSD. Although the requesting psychologist did submit multiple psychological treatment progress notes that reflected treatment that has been provided, there's no clear indication of how much treatment the patient has received this treatment modality. Approximately 800 pages of medical records were received for consideration. Without knowing how many sessions of biofeedback the patient has received to date it could not be determined whether additional biofeedback sessions are consistent with MTUS and ODG guidelines. The MTUS guidelines for biofeedback specifically recommend 6 to 10 sessions with a notation that after 10 sessions patient should be able to practice the techniques at home independently. However, the official disability guidelines do allow for additional sessions, 13 to 20 sessions on average for cognitive behavioral therapy and up to 50 in cases of very severe symptoms of Major Depressive Disorder or severe symptoms of PTSD. However, the ODG guidelines do not specifically address the use of biofeedback and in terms of session quantity make no recommendations specifically. Because the patient has been receiving

biofeedback treatment in conjunction with his psychological treatment that is received and because he has received approximately 41 sessions to date of psychological treatment it is likely that he is exceeded the MTUS guidelines for 6 to 10 sessions and the medical records that have been submitted appear to support this conclusion. In the absence of a clear rationale and why biofeedback is being used for PTSD in contrast to the more established techniques listed above, and in absence of information regarding how much of this treatment modality that the patient has received to date, the medical necessity of this request was not established and therefore the utilization review decision is upheld. The request is not medically necessary.