

Case Number:	CM15-0051046		
Date Assigned:	03/24/2015	Date of Injury:	04/07/2008
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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 male, who sustained an industrial injury on April 7, 2008. He reported that a metal gate fell, hitting him on the head. The injured worker was diagnosed as having status post posterior cervical discectomy and fusion, lumbar spondylolisthesis L5-S1 with foraminal stenosis, posttraumatic head syndrome with headaches and dizziness, depressive disorder, anxiety disorder, and primary insomnia. Treatment to date has included physical therapy, psychological treatment, cervical spine surgery times two, and medication. Currently, the injured worker complains of pain in the mid and lower back, arms, legs, and neck, with pulsating pain starting at the crown of his head, radiating down the left side of his head, headaches, and psychological distress. The Treating Provider's Initial Bio-Psychological Evaluation dated February 15, 2015, noted the injured worker continued to experience physical pain and significant psychological distress as expressed by him and evidenced in the results of the psychological testing. The Provider noted that testing revealed that the injured worker's levels of psychological distress would likely interfere with and impede the recovery process and rehabilitation, and increase his levels of suffering. The Provider noted that because of the levels of the injured worker's functional limitations, physical pain, depression, anxiety, and somatization symptoms, as measured by the various tests, a mental health consultation and treatment was strongly recommended as an adjunct to physical treatment for pain reduction, with Cognitive Behavioral Therapy for depression and anxiety indicated, and requested psychological and biofeedback therapy and a psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-6 Biofeedback Treatment Sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, biofeedback Page(s): 24-25.

Decision rationale: 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. The request for to 6 sessions of biofeedback treatment was non-certified by utilization review with the rationale stating that biofeedback is not a stand-alone procedure but should be used in the context of a cognitive behavioral therapy program. Because the patient has not been participating in an active cognitive behavioral therapy program that the use of biofeedback treatment is not supported by treatment guidelines. It was noted that at that time to other requests for certified including psychiatric consultation and 4 to 6 sessions of cognitive behavioral therapy. The patient's injury and resulting psychological distress appeared to be such that they may benefit from biofeedback treatment in given that the cognitive behavioral therapy treatment has been approved for an initial treatment trial the biofeedback treatment would be potentially helpful adjunct. In this case the concern of the utilization review that the psychological treatment has not already been started ignores the fact that the treatment was approved to begin at the time that this request was made. Therefore, the request appears to be appropriate and medically necessary and the utilization review determination of non-certification is overturned to approve for 4-6 biofeedback treatment sessions.