

Case Number:	CM15-0080189		
Date Assigned:	05/01/2015	Date of Injury:	12/07/2011
Decision Date:	06/08/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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 53 year old male, who sustained an industrial injury on 12/7/2011. He reported chest discomfort radiating to both arms. Diagnoses have included mild angina with recurrent coronary vasospasms, recurrent ventricular tachycardia and anxiety/depression. Treatment to date has included angioplasty and stenting and medication. According to the cardiologist's report dated 1/6/2015, the injured worker complained of two types of chest pain; one of which he called chest pressure and the other which he called spasms. The chest pressure was associated with dyspnea and was unrelieved with nitroglycerin. The chest spasms were preceded by nausea and would resolve with nitroglycerin. He reported taking 17-20 sublingual nitroglycerin per day. Physical exam revealed a regular heart rate and rhythm. It was noted that the physician suggested Biofeedback but the injured worker did not feel that emotional stress or his personality were playing any role in provoking his symptoms. Authorization was requested for Biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: Based on the review of the medical records, the Pt's cardiologist recommended biofeedback without a true rationale for the treatment. Additionally, the CA MTUS recommends biofeedback in conjunction with CBT sessions. It does not appear that the injured worker has been referred for mental health treatment in addition to the biofeedback referral. Lastly, if the injured worker had been referred for both CBT as well as biofeedback, the CA MTUS recommends an initial trial of 3-4 visits over 2 weeks with a total of up to 6-10 visits over 5 weeks if there is evidence of objective improvement from the initial sessions. Based on the above information, the request for 12 biofeedback sessions is not medically necessary.