

Case Number:	CM15-0089595		
Date Assigned:	05/13/2015	Date of Injury:	12/06/2011
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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 12/06/2011. He reported an injury to his back while performing his usual and customary duties. The injured worker is currently temporarily partially disabled. The injured worker is currently diagnosed as having discogenic cervical condition, discogenic lumbar condition, chronic pain, depression, insomnia, and gastroesophageal reflux disease. Treatment and diagnostics to date has included acupuncture, psychotherapy, facet injection, lumbar spine MRI, cervical spine MRI, and medications. In a progress note dated 04/07/2015, the injured worker presented with complaints of depressed mood, reduced interest in activities, worthless or guilt, sleep disturbances, and appetite increase/decrease. Objective findings include sad facial expression, grimacing, and sad, irritable mood. The treating physician reported requesting authorization for biofeedback therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Biofeedback therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines, Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: 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. Decision: A request was made for 10 sessions of biofeedback therapy, the request wasn't non-certified by utilization review of the following rationale provided: "there is no evidence that the patient has made sustained or significant gains with previous treatment. Also there is no indication the patient has been assessed for antidepressant medication and his primary diagnosis as depression request exceeds CA MTUS recommendations which support up to 10 visits after a trial of 3 to 4 visits." This IMR will address a request to overturn the utilization review determination. Been participating in biofeedback treatment and has received approximately 15 sessions between April 7, 2014 and February 20, 2015. The patient's date of injury occurred in December 2011 and it is unclear how much if any biofeedback the patient has received since the time of injury through April 2014. The MTUS treatment guidelines for biofeedback specifically state a course of treatment should consist of a maximum of 6 to 10 sessions after which the patient should be able to use the biofeedback techniques at home in an independent fashion. This request for 10 additional sessions would bring the total to 25 assuming that additional treatment did not occur prior to April 2014. Because it is over twice as much as a recommended course of psychological treatment additional sessions of biofeedback are not recommended at this time per MTUS guidelines. Because of this reason, the medical necessity of the request is not established and therefore the utilization review finding for non-certification is upheld.