

Case Number:	CM13-0021337		
Date Assigned:	11/08/2013	Date of Injury:	10/18/2005
Decision Date:	04/17/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male who reported an injury on 10/08/2005 due to cumulative trauma while performing normal job duties. The patient developed post-traumatic stress syndrome. The patient's previous treatment history included psychotherapy, biofeedback treatments, and medication usage. The patient's most recent psychological studies reported the patient had a seven on the Beck Anxiety Inventory in the mild range, a thirty on the Beck Depression Inventory in the severe range, and a thirty three on the post-traumatic stress diagnostic scale in the severe range. A treatment recommendation was made for continued psychotherapy treatment and biofeedback therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF BIOFEEDBACK TO BE DONE TWO (2) TIMES A MONTH FOR THREE (3) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BIOFEEDBACK.

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

Decision rationale: The requested six sessions of biofeedback to be done two times a month for three months is not medically necessary or appropriate. California Medical Treatment Utilization Schedule allows for up to six to ten treatments of biofeedback therapy transitioning patients into a home-based biofeedback therapy exercise program. The clinical documentation submitted for review does provide evidence the patient has previously participated in a course of biofeedback therapy. However, there is no documentation the patient is currently participating in biofeedback exercises in the home environment to assist with coping mechanisms. It is noted within the documentation that the patient is participating in active therapy. As the patient has previously participated in biofeedback therapy for an undetermined number of visits, the appropriateness of six additional sessions cannot be determined. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested six sessions of biofeedback to be done two times a month for three months is not medically necessary or appropriate.