

Case Number:	CM14-0130923		
Date Assigned:	08/20/2014	Date of Injury:	06/03/2014
Decision Date:	09/26/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal Medicine and is licensed to practice in California. 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 an injured worker with anxiety and depression. Date of injury was 06-03-2014. The patient was seen on 06-30-2014 and manifested mild depression and moderate anxiety. Primary treating physician report dated 06-30-2014 by psychologist [REDACTED] documented the diagnoses of anxiety disorder, depression, and history of pulmonary embolism. The patient was diagnosed with a pulmonary embolism on 06-04-2012. On 06-03-2014, the patient was evaluated at the emergency department for chest pain and shortness of breath, and was diagnosed with an anxiety attack. Her primary care physician prescribed Lexapro and Ativan. Biofeedback for symptom reduction was requested. Evaluation by a specialist in internal medicine was requested. Utilization review determination date was 08-07-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy, ten (10) weekly sessions: Upheld

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

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

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses biofeedback. Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program. Biofeedback may be approved if it facilitates entry into a CBT treatment program. The primary treating psychologist report dated 06-30-2014 did not document that the patient was participating in a cognitive behavioral therapy (CBT) program, which is an MTUS requirement. Therefore, biofeedback is not supported per MTUS guidelines. Therefore, the request for Biofeedback therapy, ten (10) weekly sessions is not medically necessary.

Referral to internal medicine specialist for consultation and provision of any necessary treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The primary treating psychologist report dated 06-30-2014 requested an evaluation by a specialist in Internal Medicine. But the purpose of the Internal Medicine consultation was not documented. Because the purpose of the Internal Medicine consultation is unknown, the speciality referral is not supported. Therefore, the request for Referral to internal medicine specialist for consultation and provision of any necessary treatment is not medically necessary.