

Case Number:	CM14-0132027		
Date Assigned:	09/18/2014	Date of Injury:	07/06/2007
Decision Date:	10/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 Psychiatry 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:

Injured worker is a 47 year old female with date of injury 7/6/2007. Date of the UR decision was 8/15/2014. Mechanism of injury was when she responded to an accident while performing her duties as a career Sergeant for the [REDACTED]; in which several hundred goats were maimed, dismembered and trapped inside a truck. Documentation suggests that she has received treatment with Psychiatrists between 2008 thru 2011 and has undergone psychological treatment in 2012 following the panic attacks. Per report dated 11/6/2014, she scored 40 on Beck's Anxiety Inventory (BAI) indicating severe anxiety; score of 24 on Beck Depression Inventory indicating moderate range. She was diagnosed with Post Traumatic Stress Disorder, delay onset; specific phobia of driving. Report dated 2/28/2014 listed details of the 6 psychotherapy sessions in 2/2014. She underwent another 6 sessions in 3/2014. She was prescribed Acyclovir as needed, Ibuprofen and Ativan. The injured worker was certified for 6 additional sessions of Psychotherapy and biofeedback therapy between 4/22/14- 6/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Biofeedback Sessions in Conjunction with Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Cognitive therapy for PTSD

Decision rationale: ODG Psychotherapy Guidelines for PTSD: - Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.(The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain.Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success."Injured worker suffers from Post-Traumatic Stress Disorder, delayed onset; specific phobia of driving secondary to a traumatic injury while at work. Documentation suggests that she has undergone psychological treatment in 2012 following the panic attacks. Report dated 2/28/2014 listed details of the 6 psychotherapy sessions in 2/2014. She underwent another 6 sessions in 3/2014. The injured worker was certified for 6 additional sessions of Psychotherapy and biofeedback therapy between 4/22/14- 6/22/14. It has been suggested that she has undergone extensive psychotherapy treatment including cognitive behavior therapy and biofeedback and has exceeded the guideline recommendations for biofeedback sessions. The guidelines recommend up to 20 sessions of Cognitive Behavior Therapy if progress is being made with the treatment. The documentation does not indicate the exact number of biofeedback and CBT sessions she has completed so far but based on the length of the duration she has been in Psychological treatment, it appears that she has exceeded the guideline recommendations for the same and there is no evidence of objective functional improvement.Based upon the above information, the request for 6 additional Biofeedback Sessions in Conjunction with Cognitive Behavioral Therapy is not medically necessary.