

<b>Case Number:</b>	CM14-0148286		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	03/24/2009
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 licensed in Psychology 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:

According to the records that were provided for this independent review, this 32-year-old female patient reported an occupational injury that occurred on March 24, 2009. The injury reportedly occurred during her work as a loss prevention investigator for [REDACTED] while she was climbing over an air vent to install surveillance equipment. There was a reported pop on the outer side of the right knee resulting in pain shooting through the right leg up to the low back and down to her toes. There was observable swelling in the knee which continued despite two days off work. She reports constant sharp stabbing pain and spasms and low back with shooting pain down the right leg to her right toes with constant nerve pain radiating from the back down to the right foot, with frequent spasms in her right leg in the and numbness and tingling in the entire right side of her body including the face and time. There is reportedly some loss of sensation in the right side of the body and somatic symptoms include frequent headache, blurred vision in the right eye, and swelling in the feet and legs. She has been diagnosed with Lumbar Spondylosis. The remainder of this IMR will focus on her psychological symptoms as it applies to the requested treatment. The patient reports psychological complaints including: "depression, anxiety, frustration, short temper, irritability, frequent crying, disinterest, difficulty concentrating, sleep disturbance, feelings of worthlessness and uselessness, nervousness, passive suicidal ideation and thoughts of self-harm without plan or intent." In 2011 a psychological report stated that the patient was reporting extreme depression levels and catastrophic thinking with moderate to severe anxiety and mild to moderate anger levels and medication management/polysubstance abuse issues. A psychological permanent and stationary report from September 2012 recommended 24 individual counseling treatment sessions with biofeedback for about 6 to 12 months as well as participation in a supervised drug rehabilitation program. Medical records provided little information with regards to prior psychological treatment in

terms of objective functional outcome; but psychotherapy and biofeedback was described as "somewhat helpful" without further details. Additional psychological evaluations have been conducted but the most recent was dated in July 2014. Prior mental health treatment included: "a series of individual psychotherapy sessions in 2012 including group sessions, individual sessions and biofeedback." The session quantity was not included. Her psychological diagnoses are listed as: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, Major Depressive Disorder, Anxiety Disorder Not Specified, and Polysubstance Abuse in remission. Another diagnostic impression from a psychiatric AME was slightly different with no mention of Polysubstance Abuse in Remission and added Sleep Disorder Due To Chronic Pain Syndrome, Insomnia Type. Another comprehensive psychological assessment from April 2014 also added Social Anxiety Disorder (Social Phobia) and Posttraumatic Stress Disorder (PTSD) to the prior list of disorders. Treatment recommendations included "12 twice-weekly sessions of biofeedback." And recommends the patient participate in a functional restoration program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**12 sessions of biofeedback therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, biofeedback Page(s): 24-25.

**Decision rationale:** According to the MTUS treatment guidelines for biofeedback, "the procedure is not recommended as a stand-alone treatment, but is recommended as an option in a cognitive behavioral therapy program (CBT) to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for the treatment of chronic pain. Biofeedback may be approved if facilitates entry into a cognitive behavioral therapy treatment program where there is strong evidence of success. As with yoga, since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, we recommend approval only when requested by such a patient, and not adoption for use by any patient." ODG biofeedback therapy guidelines specify that patients should be screened for risk factors for delayed recovery and for motivation to comply with the treatment regime that requires self-discipline." An initial treatment trial of 3 to 4 visits needs to be conducted prior to authorization of additional sessions over a two weeks period. This can then be followed by a total of up to 6-10 visits over a 5 to 6 week period of individual sessions if there is evidence of objective functional improvement resulting from the initial treatment trial. After 10 sessions, biofeedback exercises can be practiced by the patient at home independently. The current request is for 12 sessions of biofeedback. The request is nonconforming with the above stated guidelines. The request is excessive in quantity and does not address the need for an initial treatment trial of 3 to 4 sessions to determine patient's response. The entire recommended course of therapy is 10 sessions maximum if the patient has shown signs of improvement, this request exceeds the maximum. In

addition, it appears that the patient has already received biofeedback therapy, and the medical records that were provided for this review did not include biometric readings from those sessions (e.g. EMG or GSR or other biofeedback session data) that would establish that the patient has been learning the techniques so that they can eventually transition to independent use in their home. The issue of whether the patient is a "highly motivated and self-disciplined" is not addressed. There was no indication of the patient making objective functional improvements in prior biofeedback sessions and psychological symptomology appears to be the same based on objective data on the Beck Inventory scores and significantly worse based on patient self-report. Based on these reasons, the request for 12 biofeedback sessions is medically necessary or indicated.