

<b>Case Number:</b>	CM14-0160068		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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 injured worker is a 67 year old female. In August 2012, her injury resulted in psychiatric issues including post traumatic stress disorder. Biofeedback, psychotherapy and psychiatric medication management were requested. It was felt her recovery from her physical injury was delayed as a result of her emotional problems, which are tied to her injury. She has been reported to show recovery but has remained depressed. As biofeedback is seen as an adjunctive therapy and there was no documentation of continued cognitive behavioral therapy, the request for 6 biofeedback sessions was denied. Additional documentation of active psychotherapy was required.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback training for 6 sessions:** 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 records provided only identify a return appointment with the injured worker's psychiatrist on 7/1/14. There is no documentation of ongoing cognitive behavioral

therapy. Lacking this necessary documentation, the six requested biofeedback sessions are not medically necessary.

**3 Sessions of medical evaluation with psychiatrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 34.

**Decision rationale:** As noted in the prior determination, a referral for a psychiatric assessment for treatment is considered appropriate. However, based upon the clinical information provided, such an assessment should only require a single psychiatric evaluation. Therefore, the request is not considered medically necessary.