

Case Number:	CM14-0165481		
Date Assigned:	10/10/2014	Date of Injury:	10/06/2013
Decision Date:	11/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 Neurology 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 made available for review, this is a 55-year-old female with a 10/6/13 date of injury. At the time (7/31/14) of request for authorization for psychotherapy six sessions of psychophysiological therapy (biofeedback) provided once per week or as schedule permits quantity: 6 and psychotherapy six sessions provided once a week, or as schedule permits, in conjunction with biomed back quantity: 6, there is documentation of subjective (anxiousness and nervousness seeing large crowd) and objective (speaks in a self-conscious, timid manner) findings, current diagnoses (major depressive disorder (single episode, mild) and post-traumatic stress disorder), and treatment to date (18 previous psychotherapy and psychophysiological treatments). Medical report identifies that previous psychotherapy and psychophysiological therapy treatments provided functional improvement (readiness to work for a trial of modified duty).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy six sessions of psycho-physiological therapy (biofeedback) provided once per week or as schedule permits quantity: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation; Biofeedback Page(s): 100-102; 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress; Pain, Psychological Evaluation; Biofeedback

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies 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. ODG identifies documentation of chronic pain and a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach, as criteria necessary to support the medical necessity of biofeedback in conjunction with CBT. Furthermore, ODG supports an initial trial of 4 visits, and with evidence of objective functional improvement, a total of up to 6-10 visits. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder (single episode, mild) and posttraumatic stress disorder. In addition, there is documentation of 18 previous Biofeedback treatments with Cognitive behavioral therapy. Furthermore, there is documentation of chronic pain and a lack of progress after 4 weeks of physical medicine. However, despite documentation that previous treatments provided functional improvement, the requested 6 sessions, in addition to the treatments already completed, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for psychotherapy six sessions of psychophysiological therapy (biofeedback) provided once per week or as schedule permits quantity: 6 is not medically necessary.

Psychotherapy six sessions provided once a week, or as schedule permits, in conjunction with biomed back quantity: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental & Stress (web; 6/12/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23; 101-102.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain or co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder), as criteria necessary to support the medical necessity of psychological treatment. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of major depressive disorder (single episode, mild) and posttraumatic stress disorder. In addition, there is documentation of 18 previous Cognitive behavioral therapy treatments. Furthermore, there is documentation of evidence of objective functional improvement (readiness to work for a trial of modified duty). However, the requested 6 sessions, in addition to the treatments already completed, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for

psychotherapy six sessions provided once a week, or as schedule permits, in conjunction with
biomed back quantity: 6 is not medically necessary.