

Case Number:	CM14-0178920		
Date Assigned:	11/03/2014	Date of Injury:	09/30/2002
Decision Date:	12/08/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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 as are provided for this independent review, injured worker is a female who reported an industrial injury on September 30, 2002. The mechanism of injury was reported as a slip and fall accident when she stepped on a piece of bark and fell to the ground landing on her bilateral legs and knees. She reportedly sustained injury to her back, neck, wrists, knees and shoulders. She reports depressed mood, fatigue and low energy, worthlessness, sleep disturbance, diminished ability to concentrate, and reduced interest in activities, thoughts about death. She states "I can't work, I have no money and I'm in pain." This IMR will focus on her psychological symptoms as they pertain to the requested treatment. She has been receiving individual therapy, educational group therapy, and biofeedback training. Therapeutic goals were listed as improving emotional balance, experiencing less stress, pain relief, improved functionality, decreased anxiety, improved mood and depression. Beck Depression Inventory scored 27 suggest moderate levels of depression and Beck anxiety inventory score 33 suggests severely anxious state. She's been diagnosed with Major Depression, Single Episode; Generalized Anxiety Disorder; Pain Disorder. A request for 6 sessions of cognitive behavioral therapy was modified by utilization review to allow for 4 sessions. The utilization review rationale for modification was that 4 sessions would allow for an initial treatment trial to determine patient's responsiveness to treatment. This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six biofeedback therapy sessions: 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 Part Two, Behavioral Interventions, Biofeedback Page(s): 24-25.

Decision rationale: According to the MTUS treatment guidelines for biofeedback, it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary, the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. With regards to the request for 6 sessions of biofeedback, there was insufficient documentation provided to support the medical necessity of this request. It is unclear how many sessions of biofeedback the patient is already had since the date of her industrial accident in 2002 with regards to this current course of biofeedback it appears she has had 3 sessions per a biofeedback session note dated October 7, 2014. This was the only biofeedback progress note provided for this IMR. The progress note states her mood at the end of the session was "less tensed" (sic). It was noted that the patient was instructed in the use of diaphragmatic breathing, progressive relaxation, visualization, listening to relaxation training techniques CDs and tapes; instructed in the use of applied relaxation, autogenic technique, and anxiety control therapy. Therapeutic goals was stated to include: "experience less stress, mental clarity, improve stress (sic), increase emotional balance, pain relief, improve function, decrease anxiety, improve mood and depression." These goals appeared non-specific to the patient and there was no discussion with regards to progress that she has made towards reaching any of these goals nor is there any expected date where these goals might be achieved. In general, there was no indication of improved functional capacity. It is not clear if the "less tensed" state was sustained after leaving the doctor's office or if the patient was able to replicate independently. Although there was documentation of temperature training and "coherence ratio," it is not clear which biometric measures modalities in biofeedback are being used (the most widely used being EMG and GSR). There was insufficient information about the patient's biometric response to her biofeedback treatment with the exception of the one session that was documented. The efficacy of the treatment was not established. Due to lack of information supporting the request for additional sessions it is not possible to determine if 6 additional sessions would fall within the recommended guidelines of 6 to 10 maximum over a 5 to 6 week period. After 10 sessions of biofeedback, it is assumed that the patient should be able to practice the techniques independently. Because the medical necessity of additional treatment sessions has not been established the original utilization decision is upheld.