

Case Number:	CM14-0212487		
Date Assigned:	01/02/2015	Date of Injury:	03/16/2012
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

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 provided medical records, this 53 year old female patient reported a work-related injury that occurred on March 16, 2012 during the course of her work for the [REDACTED]. On the date of injury she was going down a flight of stairs when she fell forward and became airborne landing at the bottom of the concrete and metal steps after falling down 6 steps and landing on all fours twisting her body as she fell. She felt immediate onset of pain in her neck, upper and lower back, both knees, shins, wrists, and both shoulders. Medically, a partial list of her medical diagnoses include: Cervical C-5-6 Disc Protrusion, Cervical Radiculitis, Cervical Myofascial spasm, Knee internal derangement and Osteoarthritis. She is status post knee surgery. Psychologically, she has been diagnosed with: pain disorder associated with: Psychological Factors and a Medical Condition; Major Depressive Disorder, Single Episode, Moderate; Generalized Anxiety Disorder. She reports depression, anxiety, panic, and sleep problems due to industrial injury and has been receiving psychiatric as well as psychological treatment. According to a progress note from her treating psychologist from October 29, 2014 the patient has been receiving individual cognitive behavioral therapy and presents with mildly dysphoric and anxious mood and is scheduled for a right knee surgery treatment has involved helping the patient to reduce anxiety by using visualization strategies. She has received to date 4 sessions of cognitive behavioral therapy, and to sessions of biofeedback treatment. According to the UR report, there was early indication of improvement in the patient's psychological condition as a result of these treatments, including a reduction in behavioral avoidance. A request was made for biofeedback treatment one time per week for 8 weeks, the

request was non-certified by utilization review; the rationale was stated as "chronic pain medical treatment guidelines note that 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 returned to activity. Currently, only biofeedback is being requested, and it does not appear to be in conjunction with cognitive behavioral therapy." This IMR 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:

8 sessions of Biofeedback: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

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, 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. Regarding the request for Biofeedback sessions, once a week for eight weeks, and the medical records provided for this IMR do establish the medical necessity of the request. According to the MTUS treatment guidelines, patients may have up to a total of 6-10 visits. It appears that the patient has only received authorization for two sessions as of the date of this request. Patient appears to have made benefit from the initial sessions to the extent that would be expected given that she's only had two, and the request for 8 sessions would bring her total to 10 which falls within the treatment guidelines. In addition, the utilization review rationale for the non-certification stated that the patient biofeedback is not recommended as a stand-alone procedure but is recommended as option within a cognitive behavioral treatment program. The patient has been participating in a cognitive behavioral therapy program within the recent timeframe of the requested procedure, and it appears that additional sessions of cognitive behavioral therapy have been requested but are in a dispute process. Therefore, this request is considered to not be one for a stand-alone treatment of biofeedback. Overall, the request appears to be reasonable and medically appropriate. Therefore, this request is medically necessary.