

Case Number:	CM14-0213306		
Date Assigned:	01/05/2015	Date of Injury:	02/28/2011
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female with a work related cumulative trauma injury dating 10/01/2006-02/28/2011 to her head, shoulders, cervical, thoracic, and lumbar spine, hips, knees, feet, internal system, and sleep disorder due to stress and strain at work while working as a pharmacist. According to a psychology visit note dated 10/14/2014, the injured worker presented for psychological test results which were performed on 10/07/2014. Diagnoses included major depressive disorder, general anxiety disorder, and psychological factors affecting medical condition. The injured worker has participated in cognitive behavioral psychotherapy which has noted a reduction in depressive symptoms, including agitation, improvement in social functioning, less emotionally withdrawn and insecure, less defensive and irritable, reduction in anxiety symptoms, and improvement in panic symptoms. Additional treatments have consisted of physical therapy, acupuncture, pool therapy, medication management, and Synvisc injections. No diagnostic testing was included in receive medical records. Work status is noted as permanent and stationary. On 11/21/2014, Utilization Review denied the request for Biofeedback, 6 sessions citing California Medical Treatment Utilization Schedule Biofeedback Guidelines. The Utilization Review physician stated that guidelines note that biofeedback is not recommended as a stand-alone treatment and there is no indication that the injured worker has been assessed for psychotropic medication. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of biofeedback: 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) Biofeedback therapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Not recommended as a stand-alone treatment, but recommended as an option in a cogni.

Decision rationale: The patient suffers from major depressive disorder and generalized anxiety disorder. There is a request for six CBT sessions made on 11/10/14, but she does not appear to be receiving psychotherapy at this time. Biofeedback is not recommended as a standalone treatment but as an option in cognitive behavioral therapy. As such this request for biofeedback is not medically necessary or appropriate.