MAXIMUS Federal Services

Case Number:	CM15-0009149		
Date Assigned:	01/27/2015	Date of Injury:	08/31/2012
Decision Date:	03/17/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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:

The injured worker is a 44 year old female, who sustained an industrial injury on 8/3/12. She has reported injury to bilateral legs after a fall. The diagnoses have included pain disorder, depressive disorder, post traumatic stress disorder and major depressive disorder. Treatment to date has included conservative measures, medications and surgery.Currently, the IW complains of muscle pain weakness, shakiness, difficulty with balance and coordination, headaches, photophobia and post- injury weight gain of 50 to 60 pounds. She also complains of constant depression and anxiety. The current medications were gabapentin, pristiq, ibuprofen and hydroocodone. The injured worker reported having a hard time focusing, decreased sleep disturbance with use of medication and decreased pain in the shin area which she rated 4/10. The physician recommended additional sessions of biofeedback. On 1/9/15 Utilization Review non-certified a request for 6 sessions of biofeedback, noting there is no documentation of physical therapy or supervised exercise regimen and cognitive behavioral therapy has not currently been recommended. There is no basis that continuing the treatment is both reasonable and necessary. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of biofeedback: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving individual psychotherapy and biofeedback services from [redacted]. It is unclear when the services began however, it is certain that a total of 12 individual psychotherapy/biofeedback sessions were completed between 10/2/14 through 12/18/14 according to submitted PR-2 reports. The CA MTUS recommends the use of biofeedback in conjunction with CBT for the treatment of chronic pain. If further recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. It futher indicates that "patients may continue biofeedback exercises at home" following the 10 visits. Based on this guideline, the injured worker has already received more biofeedback sessions than is recommended. As a result, the request for an additional 6 biofeedback sessions is not reasonable or medically necessary.