

<b>Case Number:</b>	CM15-0014741		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Texas  
 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 52-year-old male who reported an injury on 05/09/2013. The injured worker was reportedly struck on the head by a trailer door. The current diagnoses include adjustment disorder with mixed anxiety and depressed mood. The latest physician progress report submitted for review is documented on 12/19/2014. It was noted that the injured worker experienced an onset of mental symptoms 6 months after the date of injury. The injured worker had multiple psychiatric complaints. Mental status examination revealed a tense and dysphoric mood, a tense and dysphoric thought content, and intact judgment and insight. The injured worker's Global Assessment of Functioning score was a 60, indicating moderately serious mental symptoms and impairment. Treatment recommendations included prescriptions for Ativan 1 mg and Ambien 10 mg. A Request for Authorization form was submitted on 12/21/2014 for 8 sessions of biofeedback therapy and 12 sessions of group therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of Biofeedback:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend biofeedback therapy as a standalone treatment, but recommend biofeedback as an option in a cognitive behavioral therapy program. Recommendations include an initial trial of 3 to 4 visits over 2 weeks. Patients may continue biofeedback exercises at home. While it was noted on the 12/19/2014 psychiatric consultation note that the injured worker had not been previously treated with any psychotherapy, the injured worker had previously participated in several sessions of biofeedback therapy. There was no documentation of objective functional improvement. Therefore, additional treatment would not be supported at this time. As such, the request is not medically necessary.