

Case Number:	CM15-0115272		
Date Assigned:	06/23/2015	Date of Injury:	07/21/2007
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/15/2015

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 62-year-old male who sustained an industrial injury on 7/21/2007 leading to subsequent symptoms of depression, flashbacks, insomnia, bad dreams, and anxiety. Diagnoses include post-traumatic stress disorder, depressive disorder, and pain disorder. Treatment has included psychotropic medications, cognitive behavioral therapy and biofeedback. The injured worker reports some feelings of relaxation after biofeedback and is learning coping skills through therapy. The injured worker continues to exhibit hypervigilance and report depressive and anxiety symptoms. Treating physician's plan of care includes continuing with cognitive behavioral therapy, medication, and 12 additional units of biofeedback. Work status is not addressed in provided medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback, twelve units: 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), Mental Illness and Stress Chapter.

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 psychological services including psychotherapy and biofeedback for the past couple of years to treat chronic pain as well as symptoms related to PTSD and depression. According to the UR report, the injured worker completed approximately 24 biofeedback sessions in 2013 and an additional 18 in 2014 and into 2015. In the treatment of chronic pain, the CA MTUS recommends a total of up to 10 biofeedback sessions. It further indicates that "patients may continue biofeedback exercises at home." Because the injured worker's case is complicated due to the psychiatric issues in addition to chronic pain, he has been afforded more than the recommended number of biofeedback sessions. As a result of receiving an extensive amount of therapy, the injured worker needs to be able to utilize the skills learned and become more self-reliant in utilizing biofeedback techniques from home. As a result, the request for an additional 13 biofeedback sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 6 biofeedback sessions in response to this request.