

Case Number:	CM15-0127598		
Date Assigned:	07/14/2015	Date of Injury:	10/25/2012
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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 50 year old male who sustained an industrial injury on 10/25/12 when he suffered a myocardial infarction. He was medically evaluated, had a life threatening arrhythmia and had cardiac surgery on 10/15/12 and 10/28/12. He subsequently experience anxiety secondary to the event and resulting palpitations. Currently his depression has improved and he has less anxiety with reduced concern for work and arrhythmia. He has had no significant premature ventricular contractions since his last visit (4/29/15). His functional improvements include reduced sleep disturbances, anxiety, depression, posttraumatic stress disorder symptoms; practicing relaxation skills; volunteer work. Medications are Aspirin, Crestor, Lisinopril, metoprolol, Plavix, trazodone. Diagnoses include posttraumatic stress disorder; depression; anxiety; myocardial infarction, status post cardiac surgery X2. Treatments to date include biofeedback; psychotherapy; medications; gym activities. In the progress note dated 6/24/15 the treating provider's plan of care includes requests for six sessions of biofeedback with six sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient six sessions of Biofeedback to be used in conjunction with six sessions of Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Pages 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 a request was made for 6 outpatient sessions of biofeedback to be used in conjunction with 6 sessions of psychotherapy. The request was not certified by utilization review with the following provided rationale for its decision: "the claimant was injured 2 1/2 years ago and has been treated with 24 sessions of individual psychotherapy, 22 sessions of biofeedback, surgery and medications... If partial authorization is allowed recommended approval of 6 sessions of individual psychotherapy only as the request for 6 additional sessions of biofeedback exceed the current guidelines for approval." Medical necessity the requested treatment is not established by the provided documentation. The request for 6 additional biofeedback sessions exceeds the MTUS guidelines which recommend a course of psychological treatment consists of 6 to 10 sessions after which the patient should be capable of engaging in-home use of this treatment modality independently. The patient has already received 22 sessions of biofeedback which in combination with the request for 6 additional would bring the total to 28 and thus exceeding the recommended guidelines. Similarly, the request for 6 sessions of psychotherapy also exceeds guidelines as the patient has received 24 sessions and the Official Disability Guidelines recommend a course of psychological treatment consisting of 13 to 20 session's maximum for patients with his diagnosis. Because the request is not medically necessary or established the utilization review determination for non-certification is upheld.