

Case Number:	CM15-0174412		
Date Assigned:	09/16/2015	Date of Injury:	06/24/2009
Decision Date:	10/21/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/04/2015

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: Georgia, California, Texas
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female, who sustained an industrial injury on 6-24-09. Medical record indicated the injured worker is undergoing treatment for major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. Treatment to date has included 6 sessions of supportive individual and group therapy and 5 sessions of biofeedback. Currently on 7-21-15, the injured worker reports an increase in depressive symptoms including depressive mood with agitation and apathy and increase in symptoms of anxiety. Clinical exam dated 6-30-15 noted the injured worker was preoccupied with frequent worry about her career future, fear of intractable pain and she feels worthless. On 7-21-15 a request for authorization was submitted for Biofeedback sessions. On 8-21-15, utilization review non-certified biofeedback sessions noting there was no data to support the request for biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback sessions (no duration listed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Biofeedback. Decision based on Non-MTUS Citation ODG Mental Illness & Stress Chapter (updated 09/30/15), Insomnia treatment.

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition, Chapter 15 Stress-related Conditions mentions biofeedback as a stress management technique, stating: "For example, relaxation techniques may be particularly effective for individuals manifesting muscle tension. The psychology literature contains much information about meditation, relaxation techniques, and biofeedback for stress and anxiety, with considerable debate on the theories and mechanism of action (e.g., placebo, operant conditioning)". However, ACOEM Guidelines is silent concerning specific biofeedback recommendations. MTUS Chronic Pain Medical Treatment Guidelines recommends optional use of biofeedback in conjunction with cognitive behavioral therapy (CBT) for chronic pain patients. MTUS 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. MTUS notes that patients may continue biofeedback exercises at home. Although history of chronic pain is documented in this case, the injured worker's mental health provider has maintained that since presenting complaint is depression not pain, MTUS Chronic Pain Medical Treatment Guidelines are not applicable. ODG Mental Illness & Stress Chapter recommends biofeedback as a treatment for insomnia but does not provide specific recommendations concerning amount of treatment. Records indicate that the injured worker received extensive CBT treatments with biofeedback in 2014 with benefit. 05/19/15 psychiatric AME recommended one year of CBT on an individual or group basis and monthly psychiatric visits for medication management. Biofeedback was not mentioned in future treatment recommendations. In June 2015 the injured worker's mental health provider requested 6 additional sessions of CBT with 6 sessions of biofeedback for a recent flare of symptoms. However, the current request does not include a specific amount, frequency, or duration of treatment. An open-ended amount and duration of treatment is not supported by the submitted documentation. In addition, no reason is documented as to why claimant is unable to use some of the previously learned guided imagery techniques as part of her self-care regimen at home. The request is not medically necessary or established for the requested biofeedback treatment.