MAXIMUS Federal Services

Case Number:	CM15-0179917		
Date Assigned:	09/30/2015	Date of Injury:	06/03/2011
Decision Date:	11/12/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This 57 year old male sustained an industrial injury on 5-27-11. Documentation indicated that the injured worker was receiving treatment for lumbago, sciatica, lumbosacral spondylosis, chronic pain syndrome and other pain disorder related to psychological factors. Previous treatment included lumbar discectomy (2-29-12), aqua therapy, medial branch blocks, injections, epidural steroid injections, lumbar brace, transcutaneous electrical nerve stimulator unit, individual psychotherapy, cognitive behavioral therapy and medications. The number of previous psychotherapy sessions with cognitive behavioral therapy was unclear. In a psychological status report dated 1-26-15, the physician stated that during initial evaluation (undated) the injured worker complained of depression, despondency, short temper and anxiety. The injured worker was visibly distraught and crying during the interview. Psychological retesting performed on 12- 5-14 results included Beck Anxiety Inventory 26, Beck Depression Inventory 44 and Pain Catastrophizing Scale 42. Psychological retesting on 1-19-15 scores included Beck Anxiety Inventory 45, Beck Depression Inventory 55 and Pain Catastrophizing 40. The physician recommended additional psychotherapy with cognitive behavioral therapy. In a psychological evaluation dated 8-17-15, psychological retesting scores included Beck Anxiety Inventory 26, Beck Depression Inventory 34 and Beck Catastrophizing Scale 29. Functional improvements included consideration of employment opportunities and participation in volunteer activities. The treatment plan included continuing psychotherapy with cognitive behavioral therapy. On 8- 25-15, Utilization Review non-certified a request for biofeedback x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback x6: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services including individual psychotherapy, biofeedback, and ongoing psychological testing from [redacted] and [redacted]. It appears that the injured worker has been authorized and completed approximately 16 individual sessions with biofeedback. The request under review is for an additional 6-biofeedback sessions. The CA MTUS recommends the use of biofeedback for a total of 10 sessions. Beyond 10 sessions, the CA MTUS suggests that biofeedback exercises be completed at home. Utilizing this guideline, the request for an additional 6 biofeedback sessions exceeds the total number of biofeedback sessions recommended by the CA MTUS and is therefore, not medically necessary.