

Case Number:	CM15-0066501		
Date Assigned:	04/14/2015	Date of Injury:	08/17/2012
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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 30-year-old male, who sustained an industrial injury on 8/17/2012. He reported a fall from 42 feet, rendering him unconscious. The injured worker was diagnosed as having cervical/lumbar/thoracic sprain/strain, bilateral shoulder sprain/strain, left hip sprain, anxiety, depression, insomnia and right sacroiliac tendinitis and status post open reduction-internal fixation of left leg fracture. There is no record of a recent diagnostic study. Treatment to date has included therapy, surgery, psychiatric treatment and medication management. In a progress note dated 2/6/2015, the injured worker complains of stress, anxiety and left hip and leg pain. The treating physician is requesting Biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 - 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Page(s): 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. According to the provided medical records, a request was made for Biofeedback. The request was on certified by utilization review: "guidelines note that biofeedback is not recommended as a stand-alone treatment. In this case, it does not appear that the claimant is currently attending psychotherapy treatment. Therefore, medical necessity of the proposed intervention is not established." The provided medical records indicate the patient became injured on August 17, 2012 after following approximately 42 feet from a skylight that he had been asked to adjust at the top of the warehouse and fell straight from the roof to the floor sustaining severe multiple injuries throughout his body as well as head injury and resultant seizure activity. The utilization review decision for non-certification for this request does accurately referred to the MTUS guidelines, which state that biofeedback is not recommended as a stand-alone procedure. However, in some rare cases where the treatment's medical necessity is documented, an exception can be made. This request was written for biofeedback, unspecified quantity of sessions. The request cannot be approved at the IMR level (e.g. no modifications of the request can be offered) because medical necessity of unspecified sessions is the equivalent of unlimited/open ended sessions. The MTUS guidelines state that up to 10 maximum sessions of biofeedback should be given with evidence of patient benefit. Is not clear how many sessions of biofeedback he is already received, if any. In addition, the MTUS treatment protocol for biofeedback specifically states that 3 to 4 sessions are to be initially given in order to determine whether patient is benefiting from the treatment and that subsequently up to a total of 10 sessions maximum can be provided. Because the medical necessity of unspecified sessions of biofeedback was not established, the request to overturn the utilization review determination cannot be approved as such.