

<b>Case Number:</b>	CM15-0070378		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	08/25/2006
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old male, who sustained an industrial injury on 8/25/2006. He reported injury from an assault. The injured worker was diagnosed as having major depressive disorder and generalized anxiety disorder. There is no record of a recent diagnostic study. Treatment to date has included cognitive behavior therapy and medication management. In a progress note dated 2/19/2015, the injured worker complains of depression, anxiety, insomnia, sleep disruption, shortness of breath and hypertension. The treating physician is requesting 6 biofeedback sessions. A utilization review determination dated April 7, 2015 recommend certification for cognitive behavioral therapy visits and non-certification for biofeedback visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) biofeedback visits over the next three months or more on an as-needed basis:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24-25 of 127.

**Decision rationale:** Regarding the request for biofeedback, Chronic Pain Medical Treatment Guidelines state that biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy program. They recommend an initial trial of 3-4 visits, and with evidence of objective functional improvement a total of 6-10 visits may be indicated. Within the documentation available for review, there is no indication that an initial trial has been performed with documentation of objective functional improvement. Additionally, the 6 visits currently requested exceeds the 3-4 visit trial recommended by guidelines. As such, the currently requested biofeedback is not medically necessary.