

Case Number:	CM15-0072176		
Date Assigned:	04/22/2015	Date of Injury:	12/15/2014
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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 52 year old male with an industrial injury dated 12/15/2014. His diagnoses included major depressive disorder, insomnia due to pain, depression and anxiety and post-traumatic stress disorder. No prior treatments are documented. He presents on 03/05/2015 with depressed mood, anxiety and impaired sleep. He also complains of diminished appetite, crying spells, nightmares and agitation. Physical exam is not documented in this note. Treatment plan consisted of medication consultation, biofeedback times 8 sessions, sleep study and referral to a hand specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback x8 Sessions: Upheld

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

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. A request was made for 8 sessions of biofeedback. The request was non-certified by utilization review. The provided medical records indicate that this is a request for a new course of psychological treatment. No psychological evaluation was found in the medical records. While a psychological evaluation is not a requirement to start biofeedback treatment having a comprehensive treatment plan for this patient would be appropriate and is needed. The MTUS guidelines specifically state that biofeedback should not be used as a stand-alone procedure but is a recommended option for some patients as an adjunct of treatment combined with a course of cognitive behavioral therapy. In addition this request is for 8 sessions while the MTUS guidelines state that an initial brief course of 3 to 4 sessions should be offered in order to determine patient benefit with additional sessions totaling 10 maximum can be offered contingent upon demonstration of patient benefit from the initial brief treatment trial. For these reasons the medical necessity of the request was not established. This is not to say that the patient is not a candidate for biofeedback treatment. The patient suffered a partial amputation and according to the medical records this suffering from depression and anxiety as well as a mention of PTSD symptoms (no further details provided). Psychological treatment including biofeedback care may be appropriate, however the medical necessity the request was not established for the above stated reasons. Therefore the request is not medically necessary.