

Case Number:	CM15-0093921		
Date Assigned:	05/20/2015	Date of Injury:	04/23/2009
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

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 48-year-old male, who sustained an industrial/work injury on 4/23/09. He reported initial complaints of pain to upper back and shoulder. The injured worker was diagnosed as having cervical spondylosis with myelopathy and rotator cuff sprain. Treatment to date has included medication, diagnostics, epidurals steroid injection, and arthroscopic surgery with rotator cuff repair, decompression, and cervical disc replacement. MRI of the cervical spine results were reported on 8/18/09 that reported degenerative disc disease and facet arthropathy with retrolisthesis at C4-5, canal stenosis included C2-3 mild, C3-4 moderate, and C4-5 mild canal stenosis, and neural foraminal narrowing includes C3-4 mild right and moderate left, C6-7 mild right and moderate left neural foraminal narrowing. MRI of left shoulder on 2/15/11 reported supraspinatus tendinosis, thickening and edema of the inferior joint capsule compatible with capsulitis/sprain, a 7 mm joint body within the anterior recess of the subscapularis bursa, and acromioclavicular capsulitis. X-Rays results were reported on 2/24/10 that demonstrated intact hardware related to C6-7 foraminotomy procedure. Currently, the injured worker complains of persistent burning, numbness, and tingling in the shoulder. Psychological complaints were anxiety, hopelessness, and depression. Per the psychological status report on 4/9/15, improvements in depression, rumination, exercise, sleep, cognitive restructuring, medication, diet and energy. Results of testing noted a Beck Anxiety Inventory from 9 on 2/20/15 to 8 on 4/9/15 (mild range) and depression inventory from 33 (severe range) on 2/20/15 to 27 (moderate range) on 4/9/15. The requested treatments include biofeedback sessions (6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback (6-sessions): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Biofeedback Page(s): 24-25.

Decision rationale: According to the MTUS treatment guidelines biofeedback 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. The patient had a comprehensive psychological evaluation that was completed on March 13, 2015; this appears to be the time when he started his most recent course of psychological treatment. There is an indication of one prior psychological course of treatment from 2012 however, there was little information with regards to this and it may have just consisted of an evaluation rather than a full course of treatment. On the March 13, 2015 evaluation, the patient was diagnosed with the following: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, Depressive Disorder Not Otherwise Specified, Anxiety Disorder Not Otherwise Specified and Psychological Factors Affecting Physical Condition (hypertension and headaches) with a rule out of work phobia with panic attacks. According to a psychological status report from April 2, 2005 the patient had received authorization for 6 sessions of biofeedback and psychotherapy. A biofeedback treatment progress note from April 2, 2015 was provided and it noted that his initial blood pressure was 159/107 and after biofeedback training was 136/96. It appears that the patient has received 6 sessions of biofeedback training and has been benefiting from the treatment. The MTUS guidelines recommend a maximum of 6 to 10 sessions of biofeedback training specifically noted that at the completion of the 10 session that the patient should be able to engage in biofeedback related relaxation independently at home. This request for 6 additional sessions would exceed the total quantity of treatment sessions authorized bringing the total to 12, 2 more sessions than the recommended quantity according to the MTUS guidelines. Nonetheless, the patient appears to be making progress in his treatment and the request for 6 additional sessions does not exceed the guideline by an overly excessive amount. Six additional biofeedback sessions appear to be reasonable, and medically indicated an appropriate and although the request very slightly exceeds maximum guidelines in this case based on the patient's severity of condition as well as evidence of progress in treatment the request can be approved. It should be noted that the treatment is also being provided within the context of cognitive behavioral therapy program and not as an independent treatment modality as additional cognitive behavioral therapy sessions have been approved. Therefore, because medical necessity the request is medically necessary.