

<b>Case Number:</b>	CM15-0093989		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 58 year old male, who sustained an industrial injury on July 1, 2013. The injured worker reported neck, shoulder, back, hip, thigh and knee pain. The injured worker was diagnosed as having post traumatic stress disorder (PTSD), major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. Treatment to date has included biofeedback therapy. A progress note dated January 22, 2015 the injured worker has positively progressed as demonstrated by increased social involvement, increased performance of activities of daily living (ADL) such as oral hygiene, dressing appropriately and increased ability to concentrate such as ability to follow a TV show. He reports increased energy in that he goes to the park and he talks to people. It is the opinion of the reporting physician. The plan includes additional biofeedback sessions and cognitive behavior psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Biofeedback sessions over the next 3 months (Body Part: Psych): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Pages 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. Decision: A request was made for biofeedback 6 sessions over the next 3 months (body part: psych). Utilization review did not certify the request and provided the following rationale for its decision: "the requested biofeedback is not reasonable and necessary. There are no exact evidence-based guidelines, randomized controlled trials, or other high-quality evidence supporting the use of unimodal biofeedback techniques, with or without concomitant psychotherapy, in producing objective functional improvements with this type of chronic benign musculoskeletal pain complaints. There is no documentation of active physical therapy or supervised exercise regime at this time; and further cognitive behavioral therapy is not currently been recommended/authorized." This IMR will address a request to overturn the utilization review decision. According to a primary treating physician progress note PR-2, October 17, 2014, the patient has been actively participating in physical therapy and is completed 12 sessions of it and reports feeling remarkably better with the dramatic pain decreased down to a 3 or 4/10 but notes that there still significant for further improvement and has been actively doing home exercise program. In the same note it is noted that the patient has been diagnosed with "progressive depression and anxiety with recent suicidal ideation." Is also noted that the patient should continue treatment with the psychotherapist [REDACTED]. According to a special report on request for further cognitive behavioral therapy, from the patient's primary treating psychologist, the patient has been actively participating in cognitive behavioral therapy program with the emotional restructuring and has been benefiting from the treatment improvements are noted in social functioning and improved ability to interact appropriately with other people as well as becoming less emotionally withdrawn and insecure with increased self-esteem. It is noted that there is increased interest in activities of daily living such as brushing his teeth and dressing appropriately and working around the home. It is noted that he is better engaging in self-care. It is noted also furthermore that the patient is having improved energy levels and has been able to go the part and interact socially with people that remain symptomatic from a psychological perspective. The provided medical records do not establish the medical necessity of the requested treatment. The medical records that were provided do not include sufficient information regarding the patient's prior biofeedback treatment. Specifically, it is not known how many sessions the patient has had received to date. No biofeedback progress notes were provided regarding prior treatment. Biofeedback it is perhaps the best suited of all the psychological interventions to provide detailed information regarding the patient's improvement but showing documentation of biofeedback session modality scores before and after. This case none were provided without knowing the total number of sessions at the patient has received to date, MTUS guidelines specified 10 maximum at which point the patient should be able to participate independently utilize the techniques learned, the medical necessity of additional sessions could not be established. Although the utilization review rationale for non-certification

contained inaccuracies with regards to the efficacy of biofeedback is a treatment modality used in conjunction with cognitive behavioral therapy treatment, the provided documentation with this request was insufficient in demonstrating the medical necessity of it and therefore the utilization review determination is upheld. The request is not medically necessary.