

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	8/6/2009
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0012738

- 1) MAXIMUS Federal Services, Inc. has determined the request for **six sessions of relaxation techniques using biofeedback, concurrent with the cognitive behavioral therapy sessions is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **six sessions of relaxation techniques using biofeedback, concurrent with the cognitive behavioral therapy sessions** is medically necessary and appropriate.

### **Medical Qualifications of the Expert Reviewer:**

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Psychology, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 57 year old construction worker who sustained a lumbar spine injury while at his work. He has foot, knee, hip and back pain which is severe. He also had a pre-existing condition 15 years ago of spinal stenosis, a degenerative disc disorder. He has had many surgeries and procedures since the accident and is still in constant pain. He has had acupuncture and takes many pain medications. He has returned to work on modified duty. He is depressed, stressed and anxious secondary to the constant pain. His condition is considered by his physicians to be permanent and stationery.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for six sessions of relaxation techniques using biofeedback, concurrent with the cognitive behavioral therapy sessions:**

#### The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 15, Stress Related Conditions (2004), pg. 400, which is a part of the MTUS and the Official Disability Guidelines, Psychotherapy Guidelines, Mental Illness and Stress, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 15) pg. 400, which is a part of the MTUS and the Chronic Pain Medical Treatment Guidelines, Behavioral Interventions, pg. 23, which is a part of the MTUS.

Rationale for the Decision:

The medical records reviewed indicate the employee has a permanent and stationary medical condition with constant pain. There are few options for relief. Cognitive behavioral therapy (CBT) is non-invasive and if problem-focused with strategies to help alter the perception of stress and pain, and the response to stress and pain, has been shown to be effective in the treatment of chronic stress, pain and depression. A trial of 3-4 sessions with documentation of effectiveness to the functioning of the employee is recommended. If functional effectiveness is shown, 6-10 visits can be authorized. Relaxation techniques can be woven into the CBT. Biofeedback can be helpful but has not proved effective for chronic pain. It can be useful for stress. **The request for six sessions of relaxation techniques using biofeedback, concurrent with the cognitive behavioral therapy sessions is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.