

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/17/2013**

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/10/2013
Date of Injury: 10/7/2003
IMR Application Received: 9/9/2013
MAXIMUS Case Number: CM13-0016909

- 1) MAXIMUS Federal Services, Inc. has determined the request for an **office consultation with biofeedback training is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **medical hypotherapy 1 x week for 6 months is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **group medical psychotherapy 1 x week for 6 months is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/9/2013 disputing the Utilization Review Denial dated 8/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 an **office consultation with biofeedback training** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **medical hypnotherapy 1 x week for 6 months** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **group medical psychotherapy 1 x week for 6 months** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PsyD, 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 reportedly suffered a work-related injury on October 7, 2003. She fell on an electrical cord that was caught in the casters of a machine at work resulting in injuries to her right knee, right thumb, right elbow, buttocks, lower back and hips. The patient reportedly developed symptoms of depression, anxiety, and chronic pain. The patient was diagnosed by [REDACTED] on 7/23/13 with Major Depressive Disorder, Single Episode, Generalized Anxiety Disorder, Female Hypoactive Sexual Desire Disorder Due to Chronic Pain, Insomnia Related to Generalize Anxiety Disorder and Chronic Pain, Pain Disorder Associated with Both Psychological Factors (Chronic), and Stress-Related Physiological Response Affecting Gastrointestinal Disturbances and Headaches.

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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

1) Regarding the request for office consultation with biofeedback training :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS and the Official Disability Guidelines (ODG), Biofeedback Therapy, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 24-25, which is part of MTUS.

Rationale for the Decision:

Per MTUS Chronic Pain Medical Treatment Guidelines, pages 24 and 25, Biofeedback: Not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. As with yoga, since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. EMG biofeedback may be used as part of a behavioral treatment program, with the assumption that the ability to reduce muscle tension will be improved through feedback of data regarding degree of muscle tension to the subject. The potential benefits of biofeedback include pain reduction because the patient may gain a feeling that he is in control and pain is a manageable symptom. Biofeedback techniques are likely to use surface EMG feedback so the patient learns to control the degree of muscle contraction. The available evidence does not clearly show whether biofeedback's effects exceed nonspecific placebo effects. It is also unclear whether biofeedback adds to the effectiveness of relaxation training alone. The application of biofeedback to patients with CRPS is not well researched. However, based on CRPS symptomology, temperature or skin conductance feedback modalities may be of particular interest. This recent report on 11 chronic whiplash patients found that, after 4 weeks of myofeedback training, there was a trend for decreased disability in 36% of the patients. The authors recommended a randomized-controlled trial to further explore the effects of myofeedback training. (Voerman, 2006). See also Cognitive behavioral therapy (Psychological treatment).” **The request for an office consultation with biofeedback training is not medically necessary and appropriate.**

2) Regarding the request for medical hypnotherapy 1 x week for 6 months :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS/ACOEM.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 9, which is part of MTUS.

Rationale for the Decision:

There is no current, specific medical evidence indicating the employee is experiencing functional impairment as a result of a psychiatric condition. Per Chronic Pain Medical Treatment Guidelines, page 9, "Therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society." **The request for medical hynotherapy 1 x week for 6 months is not medically necessary and appropriate.**

3) Regarding the request for group medical psychtherapy 1 x week for 6 months :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS/ACOEM.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 9, which is part of MTUS.

Rationale for the Decision:

There is no current, specific medical evidence indicating the employee is experiencing functional impairment as a result of a psychiatric condition. Per Chronic Pain Medical Treatment Guidelines, page 9, "Therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society." **The request for group medical psychtherapy 1 x week for 6 months is not 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, 18th 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.

[REDACTED]