

Case Number:	CM14-0038901		
Date Assigned:	06/27/2014	Date of Injury:	05/06/2010
Decision Date:	11/25/2015	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/02/2014

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 was a 58 year old female, who sustained an industrial injury, April 23, 2015. The injured worker was undergoing treatment for mild neurocognitive disorder due to another medical condition and major depressive disorder, single episode, moderate. According to progress note of March 6, 2015 the injured worker's chief complaint was engaging a brain injury support group where the injured was finding people to relate to and who were willing to overlook the rapid fatigue and tendency to become overwhelmed. According to the progress note of July 23, 2015, the injured worker was well groomed and appropriately dressed. The injured worker was complaining of trouble with her eyes and had gotten a ride to the appointment. According to the progress note of August 13, 2015, the injured worker was devoting two hours a day to try and untangle the mound of paperwork related to her case. There was a significant step the injured worker would not have been able to do this a year ago. The injured worker continued with daily headaches and emotionally overwhelmed. The injured worker previously received the following treatments pain management counseling sessions, Buspar, psychological services and vision therapy. The UR (utilization review board) denied certification on October 13, 2015; for 6 months of weekly psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional sessions of biofeedback for the management of symptoms, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral Therapy (CBT) for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: Citation Summary: 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 six additional biofeedback sessions, the request was non-certified by utilization review which provided the following rationale for its decision: "The claimant has already participated in 18 biofeedback sessions. The medical records document some gain with the treatment. The claimant should be able to continue the exercises at home. At this time, exceeding treatment guidelines of six additional treatments does not appear to be supported. The request for six additional biofeedback sessions exceeds treatment guidelines and is non-certified." This IMR will address a request to overturn the utilization review decision. The MTUS guidelines support and recommend biofeedback treatment for chronic pain. The industrial guidelines recommend a course of treatment to consist of 6 to 10 sessions. After which, it is noted that the patient should be able to continue to use the learned techniques at home on an independent basis. At this juncture the patient has been reported by utilization review to have received 18 sessions. The request for six additional sessions would bring the total to 24 sessions more than double the maximum recommended quantity. Although the patient reportedly is remaining symptomatic, the industrial guidelines for biofeedback have been exceeded by this request and therefore the on that basis, the medical necessity the request is not medically necessary and utilization review decision for non-certification is upheld for this treatment modality.