

Case Number:	CM13-0002125		
Date Assigned:	03/03/2014	Date of Injury:	08/14/2011
Decision Date:	04/30/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/19/2013

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. The expert reviewer is Board Certified in Psychiatry and Neurology 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 51-year-old female with an 8/14/11 date of injury, and status post right shoulder MUA 2/8/13. At the time (7/11/13) of request for authorization for consultation with psyche pain management for biofeedback and cognitive behavioral therapy, there is documentation of subjective (right shoulder pain rated 4-5/10) and objective (right shoulder AROM abduction 115, FF 130 degrees) findings, current diagnoses (rotator cuff syndrome (RT), impingement syndrome of shoulder, bursitis of shoulder, adhesive capsulitis shoulder), and treatment to date (medications, PT, and TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH PSYCHE PAIN MANAGEMENT FOR BIOFEEDBACK AND COGNITIVE BEHAVIORAL THERAPY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavior Intervention Page(s): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines state that biofeedback is 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 for patient with a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation rotator cuff syndrome (RT), impingement syndrome of shoulder, bursitis of shoulder, adhesive capsulitis shoulder. In addition, there is documentation of failure of physical medicine. Therefore, based on guidelines and a review of the evidence, the request for consultation with psyche pain management for biofeedback and cognitive behavioral therapy is medically necessary.