

Case Number:	CM13-0018234		
Date Assigned:	12/11/2013	Date of Injury:	02/23/2009
Decision Date:	02/27/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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:

This case involves a 51 year old female injured 2-23-2009. Patient has been diagnosed with RT Elbow Strain, Depressive Disorder, and Pain Disorder. The patient has been treated with Prozac and Cymbalta. The patient has been treated by a chiropractor. The records indicate that the patient also received myofascial release. At issue is a decision for biofeedback

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24 and 25.

Decision rationale: The medical records provided for review indicate that the patient did have over 5 previous biofeedback sessions which did not lead to increased function. As such, additional biofeedback sessions are not recommended per the MTUS Chronic Pain Guidelines. The request for EXT Biofeedback is not medically necessary and appropriate.