

Case Number:	CM13-0019826		
Date Assigned:	10/11/2013	Date of Injury:	10/20/2011
Decision Date:	01/16/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

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 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 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:

The patient has a date of injury of 10/20/11. According to medical reports, the patient sustained a work related injury to her right elbow when she accidentally hit it on a nightstand while trying to make a bed. She has received various medical diagnoses involving her right elbow, wrist, hand etc. Additionally, reports indicate that the patient has experienced depression and anxiety and has been diagnosed with adjustment disorder with mixed anxiety and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

one-on-one biofeedback therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records indicate that the claimant was initially seen by [REDACTED] on 5/30/13 and received a diagnosis of adjustment disorder with mixed anxiety and depressed mood. At that time, he recommended biofeedback in addition to psychotherapy. A few days later, the claimant completed an initial pain management and psychological evaluation on 6/3/13 by [REDACTED] also diagnosed the claimant with an adjustment

disorder with mixed emotional features of anxiety and depression and recommended psychotherapy and biofeedback in addition to other modalities of treatment. According to the CA MTUS guidelines regarding the use of biofeedback in the treatment of pain, it recommends using it in conjunction with cognitive behavioral psychotherapy. The guidelines state, " Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) - Patients may continue biofeedback exercises at home". At this time, the claimant is not receiving any CBT psychotherapy and it is unclear as to whether she meets the criteria as outlined above regarding her risk factors for delayed recovery or her motivation to comply with treatment.