

Case Number:	CM13-0025511		
Date Assigned:	11/20/2013	Date of Injury:	03/25/2012
Decision Date:	08/13/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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 that were provided for this independent review, this patient is a 54-year-old female who reported an occupational/industrial work-related injury on March 25, 2012. At that time, she was working for [REDACTED] as a janitor, and she was placing a plastic bag in a trash can when that opening of the trash can separated from the body of the trash can and somehow she got her right index, middle, ring fingers and little fingers trapped. There was a pinching, crushing and laceration; she had suffered a crush injury to her right hand with ulnar nerve neuritis and history of triggering right middle finger. There are additional areas of pain in her left shoulder, and left elbow. Progress notes indicate that on the right hand she is not able to make a fist and is still having complaints of left elbow and shoulder pain with decreased range of motion. Patient has been diagnosed with major depressive disorder, anxiety and pain related insomnia. Psychological treatment notes states that the patient is irritable sad is having significant anxiety and trouble sleeping and major depression characterized by apprehension.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFEEDBACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, Biofeedback Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, biofeedback Page(s): 24-25.

Decision rationale: According to the official disability guidelines, biofeedback can be recommended for carefully screened patients, but should not as a stand-alone treatment modality but in conjunction with cognitive behavioral therapy. An initial trial of 3 to 4 sessions should be offered and then with documented evidence of functional improvement an additional 6 to 10 sessions may be offered. After that biofeedback exercises should be practiced at home by the patient. This request for additional sessions of biofeedback (unspecified quantity) exceeds the maximum amount. The patient has reportedly had 75 sessions of biofeedback already. In addition, the exact number of sessions being requested was not provided. Progress notes from prior biofeedback treatment sessions were nonexistent, there was no indication of what was done in prior biofeedback sessions, nor was there any indication of any results or progress that were derived from the sessions, there was no treatment plan provided either. Because of this lack of information and primarily because of the fact that she is already vastly exceeded the total number of sessions that should be provided for biofeedback by at least 65 sessions, the request to overturn the non-certification is not approved. This is not a reflection on the patient's current condition of pain emotional or physical, only she has exceeded the maximum number and there was insufficient documentation regarding prior sessions to demonstrate medical necessity of more treatment.