

Case Number:	CM13-0031163		
Date Assigned:	12/04/2013	Date of Injury:	04/04/2011
Decision Date:	02/07/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/02/2013

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 a licensed Psychologist 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:

The claimant is a 56 year-old male (██████████) with a date of injury of 4/4/11. According to ██████████ initial comprehensive psychological report, dated March 2013, the claimant "developed depressive and anxious emotional complications of physical pain, disability and altered activities arising from industrial injuries involving primarily his neck, back, and right arm" while working as a chef for ██████████. On his request for authorization (RFA) form dated 8/5/13, ██████████ listed the following diagnoses: Depressive Disorder NOS with Anxiety and Psychological Factors Affecting a Medical Condition. Additionally, according to ██████████ PR-2 dated 11/13/13, the claimant is diagnosed with: (1) cervical radiculopathy; (2) lumbar radiculopathy; (3) anxiety reaction; (4) bilateral shoulder impingement syndrome; (5) gastropathy possibly secondary to taking pain medications; and (6) chest pain, etiology to be determined. It is the claimant's psychological conditions that are the focus of this review.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), biofeedback therapy guidelines.

Decision rationale: Based on the review of the medical records, the claimant received psychological services from a [REDACTED] following his injury. He was then transferred to [REDACTED] care and has received psychological services at the [REDACTED] since [REDACTED] initial comprehensive psych report dated, 3/21/13. In his 8/5/13 "Special Report on Request for Further Cognitive Behavioral Therapy", [REDACTED] notes that the claimant has received cognitive behavioral psychotherapy from [REDACTED] and biofeedback from [REDACTED] the biofeedback therapist. However, the total number of CBT and biofeedback sessions to date is unknown. According to the CA MTUS guidelines regarding the use of biofeedback, it is recommended that an "initial trial of 3-4 visits over 2 weeks" be offered and "with evidence of objective functional improvement, total of 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. The guidelines also state that "patients may continue biofeedback exercises at home". The information provided for review does not adequately state how many sessions of biofeedback have been completed. Additionally, the request for "biofeedback" remains too vague and does not include a requested number of sessions nor duration. As a result, the request for "biofeedback" is not medically necessary.