

<b>Case Number:</b>	CM13-0037642		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 55 year-old female who was injured on 6/20/11 when she fell and fractured her right radial head. Subsequently she developed CRPS. According to the 7/24/13 psychological report, the patient presents with constant arm and hand pain, with morbid thoughts and generalized anxiety. Her Axis I diagnoses include depressive disorder, anxiety disorder, and bereavement related to death of her mother on 6/2/12. She has fear of worsening medical/physical condition and her GAF is 55. The psychologist recommends 12 psychology visits including cognitive behavioral therapy and 6 biofeedback sessions. On 10/14/13 UR denied the biofeedback sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE PROSPECTIVE REQUEST OF SIX BIOFEEDBACK TRAINING SESSIONS BETWEEN 10/9/2013 AND 11/23/2013: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Physician Reviewer's decision rationale: The patient presents with depression and anxiety from chronic pain from CRPS following a fall and fracture of her right radial head. The psychologist has recommended cognitive behavioral therapy and 6 sessions of biofeedback. MTUS does not recommend biofeedback by itself, but does state: "recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." MTUS quotes from the ODG guidelines on biofeedback guidelines, and states it may start after 4-weeks of CBT, and then recommends an initial trial of 3-4 sessions, and if there is objective functional improvement, a total of 6-10 visits. The initial request for 6 sessions of biofeedback exceeds the MTUS recommended initial trial. The request as written is not in accordance with MTUS guidelines.