

Case Number:	CM13-0052755		
Date Assigned:	12/30/2013	Date of Injury:	03/19/2012
Decision Date:	03/10/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	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 and Rehabilitation, has a subspecialty in International 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 49 year-old male who was injured on 3/19/12. He has been diagnosed with left shoulder impingement; AC arthritis and rotator cuff tendinitis. There is an internal medicine QME that notes anxiety and atypical chest pain. The IMR application shows a dispute with the 8/15/13 UR denial for Biofeedback training. The UR denial is from [REDACTED] and addressed to [REDACTED], stating they did not know the outcome of the prior biofeedback sessions. Unfortunately, there are no medical reports available for this IMR from [REDACTED]. There is no rationale for biofeedback training, and the number of visits requested, duration or frequency is not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Training: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Treatment in Workers' Comp, 2nd Edition, and 9th Edition

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

Decision rationale: This is an incomplete prescription for biofeedback therapy. The duration and frequency were not listed. Without the duration and frequency, it cannot be compared to the recommended duration and frequency provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines recommendations of 3-4 visits for the initial trial. And there are no notes from the treating/requesting psychologist that documents any functional improvement that would support a total of 6-10 sessions.