

<b>Case Number:</b>	CM13-0054621		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 licensed 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:

The claimant is a 53 year-old female with a date of injury of 9/8/11. The claimant sustained injury to the fingers of the left hand due to repetitive movements; this resulted in tendon and nerve damage. She also experienced pain in both upper extremities. She sustained these injuries while working as a packer for [REDACTED]. In a visit note dated 1/8/14, [REDACTED] and physician assistant, [REDACTED] diagnosed the claimant with brachial neuritis or radiculitis not otherwise specified, pain in joint of upper arm, carpal tunnel syndrome, synovitis and tenosynovitis not elsewhere classified, and spinal stenosis of site not elsewhere classified. In addition, the claimant has developed psychological symptoms and complaints secondary to the work-related injury. In his 12/23/13 psychological status report, [REDACTED] diagnosed the claimant with depressive disorder not otherwise specified, and pain disorder associated with both psychological factors and a general medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for six additional visits of Biofeedback:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; the Integrated Treatment/Disability Duration Guidelines; Sadock BJ, Sadock VA, Ruiz P: Kaplan and Sadock's Comprehensive Textbook of Psychiatry. Lippincott, Williams and Wilkins, 2009; Stahl, S: Essential Psychopharmacology. Cambrid

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

**Decision rationale:** Based on the review of the medical records, the claimant began a new episode of psychological services in September 2013 with [REDACTED]. She has also completed six sessions of biofeedback and been treated with psychotropic medications. She has been authorized to receive an additional six sessions of psychotherapy. Based on the information in [REDACTED] 12/5/13 psychological status report, the requested biofeedback sessions are to be done in conjunction with the additional cognitive behavioral therapy sessions, as is recommended by the California MTUS. [REDACTED] provides compelling information and evidence as to the claimant's need for additional biofeedback sessions. As a result, the request is medically necessary.