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| <b>Case Number:</b>   | CM13-0056907 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 12/27/2011 |
| <b>Decision Date:</b> | 03/18/2014   | <b>UR Denial Date:</b>       | 10/21/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2013 |

### 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:

The patient is a 50-year-old male who sustained a traumatic partial amputation to his right ring finger on 12/17/2011. His right ring finger caught in a commercial mixer while at work, ripping his finger away from his hand. On 09/23/13, [REDACTED] diagnosed him with PTSD, pain disorder with psychological factors and a general medical condition, sleep disorder due to a general medical condition, and partner relationship problems and was given a GAF of 63.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback (4-6 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Section Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Insomnia Treatment.

**Decision rationale:** On 09/25/2013, [REDACTED] requested biofeedback for the treatment of the patient's pain and insomnia. The ODG guidelines for insomnia treatment states, "In terms of first-line therapy, for acute insomnia lasting less than 6 months, medication is probably the best treatment approach, but for chronic insomnia, a combined approach with CBT

might give the best of both worlds; however, after a few weeks, the recommendation is to discontinue the medication and continue with CBT." The Chronic Pain Medical Treatment Guidelines state, "There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain." Therefore, biofeedback (4-6 sessions) for the patient's pain and insomnia is not medically necessary.