

Case Number:	CM13-0061751		
Date Assigned:	12/30/2013	Date of Injury:	01/04/2013
Decision Date:	03/20/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/05/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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:

This 31 year old female patient sustained a work-related injury on January 4, 2013; she was standing on the top of a rolling staircase to clean, when she fell more than 20 feet. She was hospitalized for two months after the accident in a trauma center and had multiple surgeries. She spent an additional two months in a rehabilitation center. She had a severe right double fractured tibia and fibula, which broke through the skin. She has depression and anxiety secondary to loss of function and a sense of trauma. She has been treated with opiate pain medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

six sessions of biofeedback therapy between 11/4/13 and 1/3/14: 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 Page(s): 23.

Decision rationale: Guidelines state that biofeedback is not recommended as a stand-alone procedure; however, it can be effective as a part of cognitive behavioral therapy (CBT). The request as written asks for biofeedback as a stand-alone procedure, which contradicts guideline

recommendations. Furthermore, more information would be needed to provide certification, even in the context of CBT, including the total number of sessions the patient has had (both CBT and psychotherapy). As such, the biofeedback therapy cannot be recommended, and is therefore noncertified.