

Case Number:	CM13-0063392		
Date Assigned:	12/30/2013	Date of Injury:	09/13/2010
Decision Date:	07/30/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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 51 year-old female with a date of injury of 9/13/10. The claimant sustained injury to her right shoulder when a student ran into her while working as a Paraeducator for the [REDACTED]. In his 5/29/14 visit note, [REDACTED] diagnosed the claimant with shoulder pain. Additionally, in his Doctor's First Report of Occupational Injury or Illness dated 6/4/14, [REDACTED] diagnosed the claimant with: Cervical IVD DEG, thoracic segmental dysf and lumbosacral segmental dysf. The claimant has been treated via medications, physical therapy, aquatic therapy, and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio Feed Back: Upheld

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

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

Decision rationale: Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in September 2010. It appears that she has participated in a number of services to address her pain such as PT, aquatic therapy, and chiropractic, but has

yet to participate in any psychological services. Apparently, the claimant was authorized for biofeedback in January 2013, but did not complete any sessions as a result of not being able to find a provider that accepted her insurance. It is unclear why this was authorized without the claimant participating in any CBT psychotherapy sessions. The California MTUS directly states that biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. It further states, Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: Initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) and patients may continue biofeedback exercises at home. In a visit note from 9/17/13, the Nurse Practitioner, [REDACTED] wrote that he patient will benefit from counseling sessions to learn coping strategies, relaxation techniques and various non-pharmacological measures to manage pain and emotions that go hand in hand. She is also requesting biofeedback. It is unclear following this note why a request for a psychological evaluation was not completed so that the claimant could proceed with the suggested counseling and biofeedback. Given that the claimant has not completed a psychological evaluation and begun a CBT program, the request for biofeedback is premature. As a result, the request for bio feed back is not medically necessary.