

<b>Case Number:</b>	CM13-0068965		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/11/1985
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 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:

The claimant reports a date of injury of 4/11/85. According to medical records, the claimant sustained multiple orthopedic injuries when she was hit by a car while walking across the street. In the most recent PR-2 report from [REDACTED] and physician assistant, [REDACTED], dated 10/16/13, the claimant is diagnosed with: (1) Status post multiple surgeries, left lower extremity with intermedullary nailing and subsequent removal; (2) Psychological diagnosis; (3) Right hip greater trochanteric bursitis; (4) Left carpal tunnel syndrome; (5) Cervical radiculopathy; (6) History of right ankle sprain; (7) Bilateral plantar fasciitis; (8) Status post left calcaneal osteotomy; (9) Fibromyalgia syndrome; (10) Lumbar spondylosis with facet arthropathy; and (11) Left knee pas anserine bursitis, chronromalacia patella, ompensatory consequence to abnormal gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Behavioral Biofeedback Pain Management Program:** 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 Page(s): 24-25, 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback therapy guidelines.

**Decision rationale:** The CA MTUS guidelines regarding the use of biofeedback and a chronic pain program will be used as reference for this case. According to a review of the medical records, the claimant has been struggling with chronic pain since her work-related injury in 1985. Although she has been experiencing an exacerbation in symptoms, the medical records offered for review fail to demonstrate enough evidence to support the request for a "Behavioral Biofeedback Pain Management Program". In their 10/16/13 PR-2 report, [REDACTED] and physician assistant, [REDACTED], write, "She will continue under the care of [REDACTED]. As per the recommendation of [REDACTED], I am requesting she be authorized to undergo [REDACTED] behavioral biofeedback pain management program." This is the only information related to the request. Unfortunately, there is no documentation from [REDACTED] to shed light as to why he recommended the program. Without sufficient information, the need for a behavioral biofeedback pain management program cannot be determined. As a result, the request for a "behavioral biofeedback pain management program" is not medically necessary.