

Case Number:	CM13-0071613		
Date Assigned:	01/08/2014	Date of Injury:	09/13/2007
Decision Date:	04/09/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 male (██████████) with a date of injury of 9/13/07. The claimant sustained injury to his back when he was pulling weeds while working as a concrete worker for the ██████████. In his PR-2 report dated 11/7/13, ██████████ diagnosed the claimant with the following: (1) Musculologamentous sprain of the lumbar spine with left lower extremity radiculitis; (2) Disc bulges L1-2, L2-3, and L4-5; (3) Trochanteric bursitis left hip; (4) Parin of the left ankle; (5) Stretch injury, left shoulder (subsequent injury); (6) Possible rotator cuff injury, left shoulder (subsequent injury); (7) Bicipital and coracoids tendinitis left shoulder; (8) Osteoarthritis, left hip, early; (9) Tear medial and lateral meniscus, left knee; (10) ChondromalaciaI medial femoral condyle and patella, left knee; (11) Ligamentous injury, right ankle (subsequent injury); (12) Status post arthroscopy left knee with partial medial and lateral meniscectomy; and (13) Internal derangement right knee. It is also reported that the claimant sustained injury to his psyche secondary to his work-related physical injuries. In his most recent PR-2 report dated 1029/13, ██████████ diagnosed the claimant with Depressive disorder NOS with anxiety and Psychological factors affecting medical condition (stress-intensified headache, neck/shoulder/back muscle tension/pain, shortness of breath, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping and constipation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback: 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): 24-25.

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological/psychiatric services intermittently with the [REDACTED] since his initial evaluation on 12/11/09. It is noted that he is considered permanent and stationary, which has allotted the claimant many more sessions than what is typically recommended in the guidelines. According to [REDACTED]' "Treating Physician's Follow-up Evaluation and Report" dated 10/31/13, the claimant received cognitive behavioral psychotherapy with [REDACTED]. Other than recent PR-2 reports from [REDACTED] and his authorization appeal letters, there are no recent progress notes, consultation reports, etc. from the treating psychologist and/or biofeedback technician describing the most recent services provided for the claimant and his responses to those services. It is unclear from the records offered for review as to how many previous biofeedback sessions have been conducted with the claimant, particularly in 2013. Without documentation of recent services and their outcomes, the need for further biofeedback sessions cannot be fully substantiated. There is not enough evidence within the medical records offered for review to warrant such a request. In addition, the request for "biofeedback" remains vague and does not provide enough information as to the number of sessions being requested over what duration. As a result, the request for "biofeedback" is not medically necessary.