

Case Number:	CM14-0004933		
Date Assigned:	01/24/2014	Date of Injury:	12/17/1999
Decision Date:	06/09/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Psychologist and is licensed to practice in Texas. 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 injured worker is a 54 year old female who reported an injury on 12/17/1999 secondary to an unknown mechanism of injury. She was noted to have undergone left cubital tunnel surgery on an unknown date. The injured worker was evaluated on 12/06/2013 and reported left elbow and left upper extremity neuropathic pain of unknown severity. On physical exam, she was noted to have tenderness to palpation of the left elbow with hyperalgesia, allodynia, hypesthesia, and skin trophic changes of the elbow. She was diagnosed with left elbow and left upper extremity complex regional pain syndrome. Medications were noted to include naproxen, methadone, Lyrica, and Aleve. On the same date, the injured worker received a psychological consultation for a spinal cord stimulator trial. On objective psychological testing, she was noted to have "relatively high" levels of depressive thoughts, feelings, and labile mood as well as an "unusually high" level of dependency needs. It was later noted by the primary physician that the injured worker was cleared for a spinal cord stimulator trial, but that a simultaneous treatment with biofeedback was desired. A request for authorization was submitted on 12/13/2013 for 8 treatments of biofeedback for chronic pain related to the left elbow and extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 TREATMENTS OF BIOFEEDBACK FOR CHRONIC PAIN RELATED TO THE LEFT ELBOW AND EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Web Edition, <https://www.acoempracguides.org/HandndWrist>.

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

Decision rationale: The request for 8 treatments of biofeedback for chronic pain related to the left elbow and extremity is not medically necessary. California MTUS Guidelines do not recommend biofeedback as a stand-alone treatment, but as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. Guidelines state that biofeedback may be approved if it facilitates entry into a CBT treatment program or is used as part of a behavioral treatment program. There is no documentation in the records submitted for review to indicate that the injured worker has been recently treated with behavioral therapy or that there is an intention to treat her condition with behavioral therapy. Furthermore, the injured worker has been diagnosed with left elbow and left upper extremity complex regional pain syndrome. The guidelines state that application of biofeedback to injured workers with CRPS is not well researched. In addition, the request for 8 sessions exceeds guideline recommendations for initial duration of care. As such, the request for 8 treatments of biofeedback for chronic pain related to the left elbow and extremity is not medically necessary.