

<b>Case Number:</b>	CM14-0006938		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/21/2005
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 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 42 year-old male [REDACTED] with a date of injury of 1/21/05. The claimant sustained an injury to his knee when he slipped as he was exiting his truck while working for [REDACTED]. In a PR-2 report dated 12/13/13, [REDACTED] diagnosed the claimant with right ACL tear, S/P revision reconstruction. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injury. In her "Consult Report/Treatment Request" dated 12/18/13, [REDACTED] diagnosed the claimant with Pain Disorder associated with both psychological factors and a general medical condition as well as Depressive Disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIOFEEDBACK TIMES TWELVE (12) CONCURRENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BIOFEEDBACK, 24-25

**Decision rationale:** The CA MTUS guideline regarding the use of biofeedback in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant completed a psychological evaluation with [REDACTED] on 12/18/13. At that time, [REDACTED] recommended a course of CBT and biofeedback. The CA MTUS indicates that biofeedback sessions should be used in conjunction with CBT sessions with an "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)" may be necessary. It further states that "patients may continue biofeedback exercises at home." Given this information, the request for "BIOFEEDBACK TIMES TWELVE (12) CONCURRENT" exceeds the total number of sessions set forth by the CA MTUS and is therefore, not medically necessary.