

<b>Case Number:</b>	CM14-0102347		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 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 35 year-old female ( [REDACTED] ) with a date of injury of 6/17/11. The claimant sustained injuries to her head, neck, left arm, chest, and left shoulder when she lifted a cart into an elevator while working for [REDACTED]. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "Formal Medical Re-Evaluation Psychiatric PQME Report" dated 6/18/4, [REDACTED] diagnosed the claimant with: (1) Pain disorder associated with primarily physical features and minor psychological components; (2) Depressive disorder, NOS; (3) Anxiety disorder, NOD; (4) Dysthymic disorder; (5) R/O Psychological factors affecting physical condition-metabolic and gastrointestinal issues in particular. The claimant has been receiving psychotropic medications and participating in group psychotherapy to treat her psychiatric symptoms.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychological Treatments

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

**Decision rationale:** The CA MTUS guideline regarding the use of biofeedback will be used as reference for this case. Based on the review of the medical records, the claimant has been treating with [REDACTED] and receiving group psychotherapy for quite some time. It is assumed that biofeedback was offered as well. It is not clear from the submitted records how many group sessions or biofeedback sessions have been completed to date or the claimant's response to those sessions as none of [REDACTED] records/reports were submitted for review. As a result, there is no information to substantiate the request for further services. Additionally, in his "Formal Medical Re-Evaluation Psychiatric PQME Report" dated 6/18/4, [REDACTED] stated, "the claimant has never been provided any meaningful ongoing individual psychological treatments. She does require further treatment from [REDACTED], but only regarding meaningful individual therapy. Group therapy has not proved particularly helpful." He further recommended that the claimant "does require future psychological care...at a duration, frequency, and intensity best determined by the treating psychologist, [REDACTED] who should be providing the claimant only individual therapy." Given the insufficient psychological information submitted for review and the recommendations offered by [REDACTED], the request for "Biofeedback" is not medically necessary.