

Case Number:	CM14-0109197		
Date Assigned:	08/01/2014	Date of Injury:	04/10/2008
Decision Date:	09/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 52 year-old female with a date of injury of 4/10/08. The claimant sustained injury to her right arm, wrist, hand, elbow, and right big toe when she caught a 55 lb. ventilator while working with a 660 lb. patient. The claimant sustained this injury while working as a nurse for [REDACTED]. In his "Follow-up Pain Management Evaluation Report/Request for Authorization" dated 1/24/14, [REDACTED] diagnosed the claimant with: (1) C45 and C5-6 cervical disc herniation with spinal stenosis; (2) Cervical radiculopathy right worse than the left; (3) Status post right carpal tunnel surgery with chronic wrist and hand pain; (4) Complex regional pain syndrome of the right upper extremity; and (5) Major reactive depression. In his PR-2 report dated 4/30/14, treating Marriage and Family Therapist (MFT), [REDACTED] diagnosed the claimant with: (1) Chronic pain syndrome; (2) Major depression, recurrent, severe; and (3) Reflex Sympathetic Dystrophy (RSD). Additionally, in his "Psychiatric Consultation Report" dated 2/5/14 and follow-up PR-2 reports, [REDACTED] diagnosed the claimant with: (1) Generalized anxiety disorder; (2) Major depressive disorder; (3) Pain disorder associated with both psychological factors and general medical condition; and (4) Opioid dependence. The claimant is receiving treatment for her psychiatric symptoms including psychotropic medications through medication management and Cognitive Behavior Therapy (CBT) psychotherapy including biofeedback and a pain management group.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Biofeedback Sessions x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines Biofeedback Therapy Guidelines.

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 continues to experience chronic pain as well as symptoms of depression and anxiety. [REDACTED] PR-2 reports and brief notes indicate that the claimant is slightly improving however, there are no notes about the biofeedback sessions. The guidelines recommend 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. It appears that the claimant was authorized for an initial 4 sessions, but as indicated, there is no information submitted for review regarding the progress from those treatments. Without more information about the previously received and completed biofeedback treatments, the need for additional treatments cannot be fully determined. As a result, the request for additional Biofeedback Sessions x 4 is not medically necessary.