

<b>Case Number:</b>	CM14-0120128		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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:

According to the records provided for this independent review, this patient is a 44-year-old female who reported an industrial/occupational injury on September 16, 2010. She was reportedly injured during the normal course of her work duties under the employment by [REDACTED], when she was repositioning a patient and lifted them and heard a snap in her right shoulder with associated pain. She reports neck pain with headache and radiation into her right upper extremity with symptoms of depression related to severe shoulder pain characterized by swelling, burning, popping, grinding, stiffness and numbness. She has been treated with conventional treatments including physical therapy, and acupuncture and is status post arthroscopic surgery and there is indication of nerve damage and carpal tunnel syndrome. Her primary treating physician has diagnosed her with anxiety/depression and disturbance of sleep because of pain. A request for: Biofeedback Therapy was made, and non-certified. The utilization review rationale for non-certification states that there was no documentation of a lack of progress after four weeks of conventional medicine using a cognitive motivational approach as is stated in the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback therapy.:** Upheld

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

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

**Decision rationale:** The MTUS guidelines for biofeedback state that patients can be considered for a trial of biofeedback conjunction with cognitive behavioral therapy after four weeks of failed improvement with conventional physical medicine. That at first and an initial trial of 3-4 sessions should be given over to week. And with evidence of functional improvement a total of 6-10 visits over 5-6 weeks will sessions can be offered with biofeedback exercises being continued at home after that. I conducted a careful, comprehensive, and thorough review of all the medical records that were provided to me for this case consisted of approximately 120 pages. Unfortunately the vast majority of these medical records were simply the same document repeated over and over again. There are several problems with this request. The most important is that the number of treatment sessions being requested is not specified. All requests for psychological treatment that go to an independent review process must contain the exact quantity of sessions that is being provided and in this case it was not. It is impossible to overturn this decision because doing so would basically be the same as authorizing unlimited sessions in perpetuity until the patient's case is closed. Without the specific quantity of sessions being provided this cannot be proved regardless of the patient's needs. According to the MTUS biofeedback is not recommended as a standalone procedure but can be offered it within the context of cognitive behavioral therapy program. Also there is no detailed rationale for the request laying out how the injured worker's psychological symptoms would be expected to be impacted positively by the proposed psychological treatment. This was not offered, so there is no supporting documentation of the requested Biofeedback therapy. Therefore, the request for Biofeedback therapy is not medically necessary and appropriate.