

Case Number:	CM14-0129738		
Date Assigned:	08/20/2014	Date of Injury:	09/27/2012
Decision Date:	10/01/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation 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 44 year old male who reported an injury to his left shoulder, elbow wrist and fingers on 09/27/10. A clinical note dated 12/19/13 indicated the injured worker having additional issues with depression, stress, weight issues, and sleep dysfunction. The injured worker underwent 24 physical therapy sessions addressing left shoulder complaints. The injured worker underwent medications, home exercise program, and injections. The psychological status report dated 01/07/14 indicated the injured worker rating his pain 4/10. The injured worker previously underwent six biofeedback therapy sessions to date. The injured worker showed a 21 score on BDI-2 indicating moderate levels of depression and 20 and a 13 on BAI indicating mild levels of anxiety representing minimal improvements as previous scores indicated the injured worker showing 21 on BDI-2 and 16 on BAI. Additionally, previous exam scores on 02/06/14 revealed 23 on BAI and 30 on BDI-2 score indicating severe levels of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Biofeedback Page(s): 24-5.

Decision rationale: The injured worker underwent prior use of biofeedback. The injured worker showed minimal improvements with biofeedback. Recent utilization review resulted in partial certification for two additional biofeedback sessions. No information was submitted regarding response to the treatment at that time. Without any objective data supporting the objective functional improvements through the previously rendered treatments, this request is not indicated as medically necessary.