

<b>Case Number:</b>	CM14-0166760		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 sustained a work injury on 12/11/09 when, while working as an actress, she was walking on a movie set and tripped over a lighting tripod landing on her hands and knees. She underwent right elbow and wrist surgery in March 2011 and a left total knee replacement in November 2012 with suboptimal outcomes and partially improved symptoms. She was seen on 08/28/14 for a psychological evaluation. Diagnoses included major depressive disorder. Medications and cognitive behavioral treatment with biofeedback were requested. She was seen for an orthopedic evaluation on 09/26/14. She was having low back pain radiating into her right leg rated at 8/10. Her history of injury was reviewed. Physical examination findings included ambulating with a walker and limping. She appeared to be in moderate pain. She had decreased lumbar spine range of motion with decreased left lower extremity sensation. There was give-way weakness with muscle testing. Straight leg raise was positive bilaterally. Gaenslen and Patrick tests were positive bilaterally. There was lumbar spine paraspinal muscle tenderness. Additional testing was ordered. The report references findings consistent with symptom magnification and a poor prognosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Biofeedback sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Behavioral therapy (CBT)

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

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and underwent right elbow and wrist surgery in March 2011 and a left total knee replacement in November 2012 with suboptimal outcomes. She has been seen for a psychological evaluation and is being treated for major depression with medications and psychotherapy. In terms of biofeedback, this is not recommended as a stand-alone treatment. In this case, however, biofeedback is being used to facilitate conservative efforts as a part of her psychological treatment program and the request is medically necessary.