

Case Number:	CM14-0167130		
Date Assigned:	10/14/2014	Date of Injury:	10/26/2012
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/10/2014

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 58 year-old male [REDACTED] with a date of injury of 10/26/12. The claimant sustained injuries to his back and left shoulder when he fell backward as a result of getting his foot got stuck on a ramp that he was on while pulling freight from a container. The claimant sustained this injury while working for [REDACTED]. In the "Visit Note - Follow-up Visit" dated 9/9/14, Physician Assistant, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Thoracic or lumbosacral neuritis or radiculitis NOS; (2) Brachial neuritis or radiculitis NOS; (3) Cervicalgia; (4) Sleep disturbance NOS. Additionally, in the report dated 8/15/14, [REDACTED] offered the following impressions: (1) Left shoulder rotator cuff tendon tear; (2) Moderate to severe cervical degenerative disk disease with C5-6, C6-7 left neural foraminal impingement and upper extremity radiculopathy; (3) Possible chronic pain syndrome; and (4) History of recreational drug use with subsequent cardiovascular complications, potential heart attack, and congestive heart failure. It is noted that the claimant has been experiencing symptoms of depression and was to have had a psychological evaluation on 7/21/14. However, there were no psychological records included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Biofeedback sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation ODG biofeedback therapy guidelines

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 continued to experience symptoms of chronic pain since his injury in October 2012. He also has developed some symptoms of depression per [REDACTED] 6/16/14 and 7/14/14 "Visit Notes." In both notes, [REDACTED] indicates that the claimant "...has been experiencing depressive symptoms. Patient states that he has a profound loss of pleasure in all enjoyable activities. He has shown a lack of concentration while doing skilled work. He feels fatigued and complains of reduced energy." In the 7/14/14 note, [REDACTED] indicates that the claimant "has his psychological evaluation on 7/21/14", which was requested following [REDACTED] 6/16/14 visit with the claimant. Unfortunately, the psychological evaluation report nor any other psychological records were not included for review. The CA MTUS indicates that biofeedback is "not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." Additionally, when biofeedback is being used in conjunction with CBT, it is recommended that there be an "initial trial of 3-4 psychotherapy visits over 2 weeks." It is unclear whether the claimant is participating in CBT psychotherapy for which the requested biofeedback will accompany. Additionally, the request for 6 sessions exceeds the recommended initial trial of sessions. As a result, the request for six (6) Biofeedback sessions is not medically necessary and appropriate.