

Case Number:	CM14-0182300		
Date Assigned:	11/07/2014	Date of Injury:	09/27/2012
Decision Date:	12/11/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 44 year-old male (██████████) with a date of injury of 9/27/12. The claimant sustained injuries to his bilateral hands and wrists, left elbow, left shoulder, and back as the result of repetitive movements while engaging in his usual and customary duties as a laborer for ██████████. In his "Primary Treating Physician's Progress Report of Occupational Injury" dated 8/27/14, ██████████ diagnosed the claimant with: (1) Left shoulder pain; (2) Left shoulder impingement; (3) Left rotator cuff tendinitis; (4) Bilateral carpometacarpal thumb joint pain; (5) Bilateral wrist tendinitis; (6) Bilateral upper extremity repetitive overuse injury; (7) Mild bilateral carpal tunnel syndrome with positive EMG with nerve conduction study; (8) Left ulnar neuropathy at elbow (cubital tunnel syndrome) with positive EMG with nerve conduction study; (9) GERD; (10) Hypertension; (11) Lumbar disc protrusion; (12) Lumbar facet joint pain; (13) Lumbar facet joint arthropathy; (14) Left sacroiliac joint pain; (15) Lumbar stenosis; (16) Lumbar sprain/strain. Additionally, in his progress report dated 9/4/14, ██████████ diagnosed the claimant with: (1) Left shoulder impingement with rotator cuff strain and bicipital tendinitis; (2) Lateral epicondylitis on the left; (3) Flexor carpi radialis synovitis on the right as well as inflammation at the carpometacarpal and scaphotrapezoid-trapezoidal joint; (4) Stenosing tenosynovitis from long finger on the left; and (5) Depression, stress, weight gain and sleep dysfunction. It is also reported that the claimant developed psychiatric symptoms secondary to his orthopedic injuries. In their 9/26/14 "Psychological Status Report", ██████████, under the supervision of ██████████, diagnosed the claimant with: (1) Pain disorder associated with both psychological factors and a general medical condition; and (2) Depressive disorder, NOS. The claimant has been receiving both individual psychotherapy and biofeedback sessions to treat his psychiatric symptoms. The request under review is for additional biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) biofeedback sessions in conjunction with cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback Therapy Guidelines

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

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 been receiving psychological services from [REDACTED] and/or his associates since at least the beginning of 2014. It appears that the claimant has had 36 individual psychotherapy sessions authorized as well as at least 24 biofeedback sessions. Although the claimant has demonstrated some functional improvements from the sessions, he has completed far more than the guidelines recommend for his symptoms and diagnoses. As a result, the request for an additional "Six (6) biofeedback sessions in conjunction with cognitive behavioral therapy" is not medically necessary. It is noted that the claimant received a modified authorization for 3 biofeedback sessions in response to this request.