

Case Number:	CM14-0036853		
Date Assigned:	06/25/2014	Date of Injury:	07/03/2006
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 63 year-old female with a date of injury of 7/3/06. The claimant sustained injury to her back, hands, left hip, and knees while working as a Senior-Right-Away Agent for [REDACTED]. The claimant's diagnoses included a history of musculoligamentous strain cervical spine, cervical spondylosis; residuals of musculoligamentous strain, tendinitis, partial rotator cuff tear right shoulder and status post arthroscopic surgery right shoulder. The claimant diagnoses also included electrodiagnostic evidence of bilateral carpal tunnel syndrome. The claimant also had residuals of musculoligamentous strain lumbosacral spine, lumbar spondylosis, disc protrusion lumbar spine, residuals of contusion and sprain left knee, meniscus tears and osteoarthritis left knee. The patient has been treated via medications, physical therapy, aquatic therapy, and an extensive surgical history. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "Agreed Medical-Legal Re-Examination in Psychiatry" dated 10/10/13, [REDACTED] diagnosed the claimant with depressive disorder, pain disorder associated with both psychological factors and a general medical condition, psychological factors affecting medication condition, gastrointestinal difficulties, weight problems, hypertension, tension headaches, asthma, and hypothyroidism, primary insomnia, female hypoactive sexual desire disorder due to a general medical condition, Nicotine dependence, early remission. She has received psychological treatment in the form of individual and group psychotherapy as well as psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 6 sessions over 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. 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 Official Disability Guidelines (ODG), biofeedback therapy guidelines.

Decision rationale: The California MTUS guideline for biofeedback will be used as reference for this case. Based on the review of the medical records, the claimant was found to be permanent and stationary from a psychological standpoint in 2010. She has received individual and group psychotherapy for quite some time since her injury with a break in services for several months in 2013. It does not appear that she has ever received biofeedback sessions. As a result, the request under review is for initial biofeedback services. The California MTUS recommends biofeedback services in conjunction with psychotherapy. It recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. It further states that "patients may continue biofeedback exercises at home." Given that this request is for initial services, it not only exceeds the number of recommended initial sessions, but it also expands on the time frame suggested. As a result, the request for "Biofeedback 6 sessions over 3 months" is not medically necessary.