

<b>Case Number:</b>	CM14-0053868		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 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 male [REDACTED] with a date of injury of 7/3/06. The claimant sustained injuries to her neck, bilateral hands, right elbow, back, and left knee when she stepped into a pothole and tripped, falling onto her left knee and hand with part of her right knee hitting the asphalt. The claimant sustained these injuries while working as a [REDACTED] for [REDACTED]. She has received multiple diagnoses over the years. In his Agreed Medical Examination dated 12/17/13, [REDACTED] diagnosed the claimant with: (1) History of musculoligamentous strain cervical spine, cervical sponylosis; (2) Residuals of musculoligamentous strain, tendinitis, and partial rotator cuff tar right shoulder, status post arthroscopic surgery right shoulder, 1/10/08; (3) Electrodiagnostic evidence of bilateral carpal tunnel syndrome, status post left carpal tunnel release and left ring trigger finger release 2/12/09; (4) Status post right thumb ligament reconstruction with tendon imposition and thumb arthroplasty with flexor carpi radialis tendon and endoscopic carpal tunnel release on the right, 5/10/12; (5) Residuals of musculoligamentous strain lumbosacral spine, lumbar spondylosis, disc protrusions lumbar spine; (6) Residuals of contusion and sprain left knee, meniscus tears and osteoarthritis left knee. Status post open meniscectomy performed on or around 1983. Status post arthroscopic medial and lateral meniscectomies and debridement left knee, 12/7/06. Status post left total knee replacement, 3/20/10; (7) Patient complaints of right knee pain. Status post motor vehicular accident with njury to right knee and right lower leg approximately 9/1967 with patelloplasty performed around 1968, Patellectomy 1969, surgery for meniscus tear right knee on or around 1992,arthroscopic surgery right knee for meniscus tear around 1997, patient history of right total knee replacement on or around 3/18/13; and (8) Probable chronic pain syndrome. In a Pr-2 report dated 2/10/14, [REDACTED] diagnosed the claimant with Lumbar radiculopathy and Cervical radiculopathy. He added the diagnoses of Right knee arthrosis and Spinal discopathy in

his Pr-2 report dated 3/24/14. In his PR-2 report dated 4/3/14, ██████████ diagnosed the claimant with: (1) Hypertension; (2) Asthma; (3) Psychiatric disturbances; (4) Status post total knee arthroplasty; and (5) Cervical spine discopathy. Lastly, in his 3/10/14 RFA, dentist, ██████████ diagnosed the claimant with: (1) Bruxism/clenching; (2) Dental caries; and (3) Xerostomia. It is further reported that the claimant has developed psychiatric symptoms in addition to the multiple orthopedic and dental injuries. In his 10/10/13 "Agreed Medical-Legal Re-examination in Psychiatry, ██████████ diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Pain disorder associated with both psychological factors and a general medical condition; (3) Psychological factors affecting medical conditions (gastrointestinal difficulties, weight problems, hypertension, tension headaches, asthma, hypothyroidism); (4) Primary insomnia; (5) Female hypoactive sexual desire disorder due to general medical condition; and (6) Nicotine dependence, early remission. Additionally, in his Pr-2 report dated 12/23/13, treating psychiatrist, ██████████ diagnosed the claimant with Depressive disorder, NOS and Psychological factors affecting a general medical condition. It is the claimant's psychiatric diagnoses that are most relevant to this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Therapy: Biofeedback 6 sessions over 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400,401. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary, Biofeedback Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

**Decision rationale:** Based on the review of the medical records, the claimant has continued to experience chronic pain as well as psychiatric symptoms. It is noted within the records that the claimant has participated in both psychological and psychiatric services however, there were minimal reports offered for review. Although ██████████ presented a valid argument in his 4/1/14 "Special Report on Second Utilization Review Appeal on Biofeedback", there were no psychological records offered for review to clarify the claimant's previous services and verify the outcomes of those services. Without sufficient information, the need for biofeedback services cannot be fully determined. As a result, the request for "Biofeedback 6 sessions over 3 months" is not medically necessary.