

Case Number:	CM14-0062383		
Date Assigned:	07/11/2014	Date of Injury:	09/27/2012
Decision Date:	09/08/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/05/2014

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 September 27, 2012. The claimant sustained injury to his left shoulder, bilateral hands, and lower back due to repetitive hammering motions while laying cement for [REDACTED]. In his June 4, 2014 "Primary Treating Physician's Progress Report of Occupational Injury", [REDACTED] 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; and (16) Lumbar strain/sprain. Additionally, in his 6/30/14 report, [REDACTED] 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 scapho trapezoid-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 has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "Psychological Consultation Report" dated 1/10/14 and all subsequent "Status Reports", [REDACTED] 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 treating his psychiatric symptoms with individual psychotherapy and biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation ODG, biofeedback.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback (CA MTUS 2009)(pages 24-25).

Decision rationale: The Chronic Pain Medical Treatment Guidelines regarding the use of biofeedback will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED] on January 10, 2014 and subsequently began individual psychotherapy and biofeedback sessions. By the end of April 2014, the claimant had been authorized and had completed a total of eighteen individual psychotherapy and biofeedback sessions. The Chronic Pain Medical Treatment Guidelines regarding biofeedback recommends a total of up to ten biofeedback sessions with the remaining exercises to be done at home. Given that the claimant has already participated in eighteen sessions, he has already exceeded the recommended total number of sessions set forth by the Chronic Pain Medical Treatment Guidelines. As a result, the request for an additional six sessions of biofeedback is not medically necessary or appropriate.