

Case Number:	CM14-0080172		
Date Assigned:	07/18/2014	Date of Injury:	05/06/2013
Decision Date:	09/23/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Florida and New York. 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 injured worker is a 41 year old female with a reported date of injury on May 06, 2013. The mechanism of injury is described as repetitive fine finger manipulation, working at or above and below shoulder level as a data entry processor. The diagnosis is listed as adjustment disorder mixed and insomnia. The injured worker complains of neck and bilateral upper extremity pain, and numbness and tingling to bilateral upper extremities. Pain rated at 6/10. Treatment has included physiotherapy and chiropractic care, which is noted to have provided fair results. The electrodiagnostic exam on January 06, 2014, revealed no evidence of nerve root impingement, peripheral nerve entrapment, or peripheral neuropathy. A Qualified Medical Evaluation (QME) dated January 22, 2014, reveals complaints of feeling a hairball or knot in the throat. An ENT diagnosed acute laryngitis and sinusitis, and recommended she avoid cool room air conditions. As part of the injured workers treatment plan, a sleep study and [REDACTED] was recommended due to symptoms of anxiety, depression, and stress. According to the note dated May 05, 2014, the injured workers Beck Anxiety Inventory score is 21 out of 63. A score greater than 27 is associated with a severe anxiety disorder. The injured worker is considered temporarily partially disabled. The injured worker was scheduled for follow-up after eight weeks following the May 05, 2014 visit. There is no clinical documentation evidencing this visit occurred.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio Feedback Therapy 1 x week or every other week over 2 months (4-6 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Biofeedback Therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 58.

Decision rationale: The injured worker was last seen 05/14/14 for tendonitis. Additional acupuncture was recommended. The progress note did not indicate that there was a need for the requested biofeedback. There are no recent notes documenting the necessity for biofeedback. As such, this request is not medically necessary.