

<b>Case Number:</b>	CM14-0082065		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Board Certified in Physical Med & Rehab 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 injured worker is a 60-year-old right-hand dominant female who sustained work-related injuries on January 19, 2010 while performing her usual and customary duties as a provider for In-Home Supportive Services. She is diagnosed with left hand swelling and sensitivity, status post crush injury to the left hand, left wrist tendonitis/bursitis, and status post left hand surgery in February 2013 (details unclear). Since the date of injury, she has been treated conservatively with medications, acupuncture, and physical therapy which provided little benefit to her left hand symptoms. Progress report dated January 31, 2014 noted the injured worker's complaints of left wrist pain rated as 9/10. She also reported feelings of depression and anxiety due to "inability to use hand." Examination findings of the left hand demonstrated surgical changes to the fourth and fifth digits status post trigger finger release, inability to make a fist, swelling of the left hand and fingers, and +3 tenderness over the dorsal and volar wrists. Her ranges of motion were decreased and painful. The treating physician recommended psychiatric consult for complaints of depression and anxiety. Biofeedback report dated February 18, 2014 noted psychological complaints of "sad because I can no longer work", anxiety, heart palpitations and shortness of breath, depression, crying episodes, loss of self worth, and social isolation on withdrawal. It was recommended that the injured worker may benefit from psychotherapeutic treatment on a monthly basis and that she involved in psychotherapy to maintain stability. She is given the diagnosis adjustment disorder with anxiety and depressed mood due to chronic pain secondary to industrially related traumatic injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Biofeedback DOS 02/18/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend that biofeedback is not recommended as a stand-alone treatment but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. In this case, the medical records provided do not indicate that the injured worker has not been provided any cognitive behavioral therapy prior to biofeedback session. Most recent progress notes from the injured worker's treating physician provide no evidence of any functional improvement post biofeedback session performed. Therefore, it can be concluded that the medical necessity of the retrospective request of Biofeedback (date of service 02/18/2014) is not medically necessary.