

Case Number:	CM14-0085405		
Date Assigned:	07/23/2014	Date of Injury:	03/27/2006
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 49 year-old male [REDACTED] with a date of injury of 3/27/06. The claimant sustained injury to his shoulder when he attempted to stop a rolling rack from falling. He sustained this injury while working as a salesman for [REDACTED]. In his "Follow-up Pain Management Consultation and Review of Medical Records" report dated 5/1/14, [REDACTED] diagnosed the claimant with: (1) Cervical central and foraminal stenosis on the right side; (2) Right upper extremity radiculopathy; (3) Cervicogenic headaches with possible migraine headache; (4) Status post post-dural puncture headache; (5) Right shoulder rotator cuff tear, status post open right rotator cuff repair, June 2006, with manipulation under anesthesia for frozen shoulder October 2006; (6) Erectile dysfunction; (7) Medication-induced gastritis; (8) Dyspepsia; and (9) Reactionary depression and anxiety. It is reported that the claimant has also developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "Comprehensive Psychological Evaluation and Report" dated 5/1/14, [REDACTED] diagnosed the claimant with: (1) Major depression, single episode, severe with suicidal ideation; (2) Pain disorder; (3) Anxiety disorder, NOS; (4) R/O sleep disorder due to a medical condition; (5) Cognitive disorder NOS; (6) Sexual dysfunction; and (7) Opioid dependence (industrial). The claimant reports no history of psychological or psychiatric services.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Biofeedback Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guideline regarding the use of biofeedback services will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in 2006. He has also developed psychiatric symptoms of depression and anxiety secondary to his chronic pain that is related to his work-related orthopedic injuries. He has never received psychological/psychiatric services for his psychiatric symptoms. In his psychological evaluation report from May 2014, [REDACTED] recommends CBT. He also recommends a course of biofeedback in order to help the claimant develop his ability to "alter a particular physiological response." Given the claimant's continued pain as well as his anxiety over it, the request for biofeedback appears appropriate. However, the CA MTUS 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. Given this guideline, the request for an initial "6 Sessions of Biofeedback Therapy" exceeds the recommended initial number of sessions set forth by the ODG. As a result, the request for "6 Sessions of Biofeedback Therapy" is not medically necessary.