

Case Number:	CM14-0095127		
Date Assigned:	07/25/2014	Date of Injury:	07/06/2013
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 39 year-old female (██████████) with a date of injury of 7/6/13. The claimant sustained injury to her shoulder and knee when she tripped and fell while working for ██████████. In his Secondary Treating Physician Follow-Up Report dated 6/12/14, ██████████ diagnosed the claimant with: Pain in joint involving lower leg; pain in joint involving shoulder region; chronic pain syndrome; lower back pain; and pelvic pain. Additionally, in his Comprehensive Orthopedic Re-Evaluation dated 5/5/14, ██████████ diagnosed the claimant with: right knee medical patellar plica tear; left shoulder sprain/strain with posttraumatic arthrosis of the acromioclavicular joint; degenerative disc at L2-3 with facet degenerative joint disease at L2-3; moderate lumbar pain; anxiety and depression; insomnia; work injury of 7/6/13 causing #1 through #6; acute effusion, right knee, rule out gout and rheumatoid arthritis and mechanical reasons; post-operative hemarthrosis; and status post arthroscopic medial meniscectomy partial and patellar chondroplasty and synovectomy, dated 5/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Bio-Behavioral pain management/biofeedback sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines, biofeedback.

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

Decision rationale: The CA MTUS guideline regarding the use of biofeedback in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, it does not appear that the claimant has participated in any psychological services. The CA MTUS recommends that the use of biofeedback be in conjunction with CBT, not simply used as a "stand-alone" treatment. It is recommended that there be an "initial trial of 3-4 visits over 2 weeks." Given this information, the request for 6 biofeedback sessions exceeds the initial number of sessions set forth by the CA MTUS. Additionally, there does not appear to be any CBT sessions being completed for which the biofeedback can be used in combination. As a result, the request for "6 Bio-Behavioral pain management/biofeedback sessions" is not medically necessary.