

Case Number:	CM14-0203201		
Date Assigned:	12/18/2014	Date of Injury:	07/09/2012
Decision Date:	02/10/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Psychologist (PHD, PSYD) 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 44 year-old female [REDACTED] with a date of injury of 7/9/2012. The injured worker sustained injury to her lumbar spine when she lifted up boxes while working for [REDACTED]. In his 12/10/14 "Follow-up Note" [REDACTED] diagnosed the injured worker with: (1) Sprain of ligament of lumbosacral joint; (2) Partial thickness rotator cuff tear; (3) Subscapularis tendinitis; (4) Degeneration of lumbar intervertebral disc; (5) Psychophysiologic disorder; (6) Lumbosacral radiculitis; and (7) Chronic pain. The injured worker has received treatment for her orthopedic injury including medications, physical therapy, epidural blocks, injections, chiropractic, acupuncture, CBT psychotherapy, and biofeedback. The request under review is for an additional 6 biofeedback sessions over a 2-3 month period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy, quantity six, over 2-3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Bio-feedback

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychotherapy services since her initial consultation on 10/1/14. She has completed a total of 4 psychotherapy sessions as well as 4 biofeedback sessions. In his 11/18/14 Cognitive behavioral therapy (CBT) report, the provider presents relevant and appropriate information regarding the injured worker's progress and improvements from the completed sessions. In regards to continued biofeedback, the CA MTUS recommends that as long as there has been objective functional improvements, a "total of up to 6-10 visits over 5-6 weeks" may be provided. Although the provider was able to demonstrate objective functional improvements and the additional 6 biofeedback sessions are within the recommended number of total sessions, the duration for which the sessions are to occur are not. It is noted that the injured worker received a modified authorization for 6 biofeedback sessions over 5-6 weeks. As a result, the request for Biofeedback therapy, quantity six, over 2-3 months is not medically necessary.