

Case Number:	CM14-0204021		
Date Assigned:	12/16/2014	Date of Injury:	03/14/2003
Decision Date:	02/06/2015	UR Denial Date:	11/07/2014
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 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 47 year-old female [REDACTED] with a date of injury of 3/14/2003. The injured worker sustained injury to her left knee while working for the [REDACTED]. In the "Visit Note" dated 12/2/14, the injured worker is diagnosed with: (1) Pain in joint lower leg; (2) Long-term use of meds NEC; and (3) Therapeutic drug monitor. The injured worker has received treatment for her orthopedic injury including medications and surgery. It is also noted that the injured worker continues to experience chronic pain as well as psychiatric symptoms of depression and anxiety. In his letter dated 10/14/14, [REDACTED] diagnosed the injured worker with: (1) Psychogenic pain, NEC; (2) Unspecified major depression, recurrent episode; and (3) Generalized anxiety disorder. The injured worker has been receiving individual psychotherapy however, biofeedback was recommended. A request for biofeedback was made on 11/3/14, but not authorized in the UR determination dated 11/7/14. The request under review is for the initial set of 6 biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24, 25.

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

Decision rationale: A review of the medical records indicate that the injured worker continues to experience chronic pain as well as symptoms of depression and anxiety. She has been authorized to receive 4 CBT sessions however, biofeedback sessions were also recommended. Unfortunately, the CA MTUS recommends an "initial trial of 3-4 visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks" may be needed. Utilizing this guideline, the request for an initial trial of 6 biofeedback visits exceeds the recommended number of initial sessions. As a result, the request for "Biofeedback qty:6" is not medically necessary.