

<b>Case Number:</b>	CM14-0205475		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 28 year-old female (██████████) with a date of injury of 11/11/2011. The injured worker sustained injury to her left shoulder, arm, wrist and hand as well as to her back and left leg when she slipped on a wet floor and used her left hand/wrist to hold her up. The injured worker sustained this injury while working as a dialysis technician for ██████████. She has been diagnosed with: (1) Reflex sympathetic dystrophy of the upper limb; (2) Displacement of cervical intervertebral disc without myelopathy; and (3) Disorders of bursae and tendons in shoulder region, unspecified. It is also reported that the injured worker developed psychological symptoms of depression and anxiety secondary to her work-related orthopedic injuries. In his PR-2 report dated 10/28/14, treating Psychologist, ██████████, diagnosed the injured worker with: (1) Depressive disorder, NOS; (2) Anxiety disorder, NOS with features of posttraumatic stress disorder; (3) Sleep disorder due to a medical condition; and (4) Pain disorder. She has been receiving individual psychotherapy. The request under review is for biofeedback sessions weekly for 5-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback therapy 1x weekly over 5-6 weeks:** Overturned

**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:** Based on the review of the medical records, the injured worker received individual psychotherapy with some biofeedback sessions in 2012. She resumed outpatient therapy sometime in 2014. It is unclear from the records the exact date that she began seeing [REDACTED] nor the number of completed sessions to date. It is also unclear as to whether the injured worker has remaining psychotherapy sessions. It appears that she was authorized for an additional 3-4 visits at the same time the request under review was submitted. The CA MTUS indicates that biofeedback is "Not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." It further 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. Following those sessions, "Patients may continue biofeedback exercises at home." Although there is some limited information about the individual psychotherapy sessions, the injured worker appears to be improving, but continues to experience chronic pain as well as symptoms of depression and anxiety for which biofeedback may be helpful in alleviating. As a result, the request for "Biofeedback therapy 1x weekly over 5-6 weeks" is medically necessary.