

Case Number:	CM15-0102902		
Date Assigned:	06/05/2015	Date of Injury:	03/12/2014
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 35 year old female, who sustained an industrial injury on 3/12/14. The injured worker has complaints of nausea, metallic taste in mouth, increased swelling radiating up from the right shoulder to the neck, as well as numbness and chronic pain in the right leg, back right shoulder and neck. The documentation noted that psychosocial complaints include sleep disturbance, severely limited functioning, anxiety and depression. The diagnoses have included other pain disorders related to psychological factors. Treatment to date has included right knee immobilizer; ankle sleeve and crutches; magnetic resonance imaging (MRI) of the right ankle, lumbar spine, right knee and right shoulder on 6/10/14 revealed mild achilles tendinosis, partial tear of anterior talofibular ligament, mild degenerative disc disease, mild levoscoliosis; injections and transcutaneous electrical nerve stimulation unit and biofeedback. The request was for biofeedback six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Biofeedback.

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 continues to experience chronic pain since her work-related injury in March 2014. Due to her continued pain, the injured worker completed a psychological evaluation with [REDACTED] and was authorized for an initial trial of 6 psychotherapy and 6 biofeedback sessions. In his 4/22/15 progress report, [REDACTED] noted progress and improvement as a result of those sessions. He recommended an additional 6 psychotherapy and 6 biofeedback sessions, for which the request under review is based. It appears that the injured worker did receive authorization for the 6 additional psychotherapy sessions. In regards to continued biofeedback, the CA MTUS recommends an initial 3-4 visits and with objective functional improvement total of up to 6-10 visits. It further indicates that "patients may continue biofeedback exercises at home." Given this guideline, the request for an additional 6 biofeedback sessions exceeds the total number of recommended sessions. Therefore, the request for an additional 6 biofeedback sessions is not medically necessary.