

<b>Case Number:</b>	CM15-0031427		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	01/19/1976
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 62 year old female who sustained an industrial injury on 01/19/1976. Current diagnoses include rotator cuff tendinitis-left shoulder and adjustment reaction with depression and anxiety secondary to chronic pain. Previous treatments included medication management, physical therapy, and home exercise program. Report dated 12/19/2014 noted that the injured worker presented with complaints that included left shoulder, left wrist, and right wrist pain. Pain level was rated as 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/23/2015 non-certified a prescription for 4 biofeedback sessions, based on the clinical information submitted does not support medical necessity. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Biofeedback sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 173-174; 203; 31; 265, 70.

Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), 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. Due to her continued pain symptoms, it was recommended that she participate in biofeedback sessions. Unfortunately, the CA MTUS recommends that biofeedback be used in conjunction with a CBT program and not used as a "stand-alone treatment. Since the injured worker is not participating in any CBT psychotherapy nor has there been a request for these services, the request for biofeedback is not medically necessary.