

Case Number:	CM15-0080976		
Date Assigned:	05/01/2015	Date of Injury:	11/15/2011
Decision Date:	06/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43-year-old female, who sustained an industrial injury on 11/15/2011. She has reported subsequent right shoulder and wrist pain and was diagnosed with right shoulder arthropathy, carpal tunnel syndrome and chronic pain syndrome. Treatment to date has included oral pain medication, cognitive behavioral therapy and surgery. A request for authorization of 4 sessions of biofeedback for the right shoulder was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback for right shoulder qty: 4 sessions: Overturned

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

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

Decision rationale: The claimant sustained a work injury in November 2011 and

continues to be treated for chronic pain. She is receiving cognitive behavioral therapy for the treatment of major depression, anxiety, and pain related to her work injury. When seen, there had been benefit from the treatments provided and authorization for an additional six treatment sessions was requested. In terms of biofeedback, this is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy with an initial trial of 3 - 4 sessions. In this case, biofeedback is being requested to facilitate conservative efforts as a part of her psychological treatment program. The request was medically necessary.