

Case Number:	CM15-0085201		
Date Assigned:	05/07/2015	Date of Injury:	08/19/1999
Decision Date:	06/12/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/04/2015

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 42 year old female injured worker suffered an industrial injury on 08/19/1999. The diagnoses included left shoulder replacement, thoracic outlet syndrome. The injured worker had been treated with neuro-biofeedback sessions, physical therapy, surgeries and medications. On 4/7/2015 the treating provider reported after 3 sessions there was slight improvement in her ability to maintain a calmer state with diminished anxiety. She reported a little more clarity and less foginess. The treatment plan included Neuro-biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Neuro biofeedback sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 has completed 2 of 3 authorized biofeedback sessions with some functional improvements. The

request under review is for an additional 10 biofeedback sessions. The CA MTUS recommends that biofeedback be used in conjunction with CBT sessions, however, the initial 3 sessions were authorized without the corresponding cognitive behavioral therapy. Although the Pt has achieved some functional improvements from the completed biofeedback, an additional 10 biofeedback sessions exceeds the total number of recommended sessions set forth by the CA MTUS. The CA MTUS recommends an initial trial of 3-4 sessions and with evidence of objective functional improvement, a total of up to 6-10 sessions may be necessary. As a result, the request for an additional 10 neuro biofeedback sessions is not medically necessary.