

Case Number:	CM14-0148380		
Date Assigned:	09/18/2014	Date of Injury:	11/11/2007
Decision Date:	11/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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 Psychology 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 claimant is a 47 year-old female (██████████) with a date of injury of 11/11/07. The claimant sustained injury to her back as the result of normal and customary duties while working as a nurse assistant for ██████████. In the "Primary Treating Physician's Progress Report" dated 7/10/14, ██████████ diagnosed the claimant with: (1) Cervical disk herniation with radiculitis/radiculopathy; (2) Left shoulder tendonitis, impingement syndrome, partial cuff tear; (3) Lumbar strain, disk lesion, lumbar spine with radiculitis/radiculopathy; (4) anxiety and depression; and (5) Insomnia. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In her "Initial Pain Management-Psychological Evaluation/Consultation and Request for Authorization" dated 7/24/14, ██████████ diagnosed the claimant with: (1) Pain disorder associated with both psychological factors and a general medical condition, chronic; (2) Depressive disorder NOS; (3) Anxiety disorder NOS; and (4) Primary insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Therapy 6-8 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines: Biofeedback Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

Decision rationale: The CA MTUS guideline regarding the use of biofeedback in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in November 2007. She also experiences psychiatric symptoms of depression and anxiety. The claimant completed an initial psychological evaluation with [REDACTED] on 7/24/14. In that report, [REDACTED] recommended follow-up psychotherapy treatment including biofeedback. The request under review is for initial biofeedback sessions. The CA MTUS recommends that biofeedback be used in conjunction with CBT with an "initial trial of 3-4 visits over 2 weeks" in the treatment of chronic pain. Utilizing this guideline, the request for 6-8 biofeedback sessions exceeds the recommended trial of sessions set forth by the CA MTUS. As a result, the request for "Biofeedback Therapy 6-8- sessions" is not medically necessary.