

Case Number:	CM14-0043376		
Date Assigned:	07/02/2014	Date of Injury:	12/31/2009
Decision Date:	01/06/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 Board Certified in Family Medicine, and is licensed to practice in North Carolina. 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 patient has a reported date of injury of 12/31/2009. The patient has the diagnoses of C3/4 moderate to severe bilateral foraminal narrowing, C4/5 moderate central stenosis, C5/6 moderate central and severe left and moderate right foraminal narrowing, C6/7 moderate central and moderate right foraminal narrowing, left upper extremity radiculopathy, bilateral carpal tunnel syndrome, left trigger thumb, left sided cervical facet syndrome, bilateral upper extremity RSI, reactive depression, chronic pain syndrome and status post left shoulder arthroscopic surgery. Per the requesting physician's progress notes from 02/2014, the patient should complete 12 additional cognitive behavior therapy and 12 sessions of relaxation techniques using biofeedback concurrent with cognitive behavior therapy. The goal would be to improve occupational functioning and daily activity consistently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 2 x month x 6 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested services. Per the Official Disability Guidelines section on biofeedback: Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. initial therapy for these at risk patients should be a physical medicine exercise instruction using a cognitive motivational approach to PT. \Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: Initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. Patient may continue biofeedback exercises at home. In this case the request is for 12 sessions. This is in excess of the ODG guidelines. Therefore the request is not medically necessary.