

<b>Case Number:</b>	CM15-0110910		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	01/21/2012
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 32-year-old female with an industrial injury dated 01/21/2012. The injured worker's diagnoses include right hand contusion and repetitive strain injury with myofascial pain syndrome, right upper extremity greater than left. Treatment consisted of physical therapy, myofascial therapy and periodic follow up visits. In a progress note dated 05/27/2015, the injured worker reported right upper extremity pain rated a 3/10. Objective findings revealed multiple palpable trigger points over neck, posterior shoulders and upper extremities. The treating physician prescribed services for additional biofeedback x 3 sessions to be able to modify behavior at workstation to reduce precipitating causes of muscle pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional biofeedback x 3 sessions:** Upheld

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

**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 received authorization in December 2014 for both a psychological evaluation and an initial 6 biofeedback sessions. It appears that those 6 initial sessions of biofeedback were completed prior to the psychological evaluation on 2/18/15 and were not in conjunction with any CBT as recommended by the CA MTUS. In his evaluation report dated 2/18/15, [REDACTED] recommended 12 subsequent CBT sessions as well as 12 biofeedback sessions, which were authorized and commenced on 3/11/15. As a result, the injured worker has completed a total of 18 biofeedback sessions to date. The CA MTUS recommends a total of "6-10 visits over 5-6 weeks" and suggests, "Patients may continue biofeedback exercises at home." Utilizing this guideline, the injured worker has already complete more than the recommended number of sessions. Therefore, the request for an additional 3-biofeedback sessions is not medically necessary.