

Case Number:	CM15-0126442		
Date Assigned:	07/13/2015	Date of Injury:	10/11/2013
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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 47-year-old male, who sustained an industrial injury on 10/11/13. The diagnoses have included chronic pain syndrome bilateral shoulders, bilateral shoulder impingement, bilateral shoulder rotator cuff tear, bilateral wrist pain, cervical pain, cervical myospasm, cervical radiculitis, thoracic strain/sprain, depression, acute stress reaction, loss of sleep, and anxiety. Treatment to date has included medications, activity modifications, transcutaneous electrical nerve stimulation (TENS), hot cold unit, surgery, psychiatric, shockwave therapy, and physical therapy. Currently, as per the physician progress note dated 5/11/15, the injured worker complains of cervical spine pain, thoracic spine pain, bilateral shoulder pain and stiffness, loss of sleep due to pain and stress and depression due to prolonged pain. The objective findings reveal decreased cervical range of motion with flexion, extension and right and left lateral bending. There is cervical tenderness to palpation, muscle spasm and positive Kemp's. The bilateral shoulder exam reveals tenderness to palpation, muscle spasm, decreased range of motion and positive Apleys bilaterally. There are sleep complaints and psychological complaints of stress, anxiety, loss of sleep and depression. The physician requested treatment included Biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Pages 24-25.

Decision rationale: Citation Summary: According to the MTUS treatment, guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently.

Decision: A request was made for biofeedback, the request was non-certified by utilization review with the following provided rationale: "there is no detailed discussion of the efficacy of prior treatment. There is no comparison with prior exams. The current exam shows individual pain management sessions have continued to focus on patients understanding and implementation of cognitive behavioral pain management skills to daily life as a means of controlling and managing pain and proving functional capacity. Injured worker has unknown prior sessions. Not clear how many additional sessions are being requested. Considering the lack of new short-term and long-term goals of biofeedback and the number of additional sessions is not documented. The request is not medically necessary. This IMR will address a request to overturn the utilization review decision for non-certification. The medical necessity of this request was not established by the provided documentation. The total quantity of sessions being requested is not clearly stated on the request for IMR and is therefore considered unspecified. Unspecified requests for psychological treatment reaching the IMR level are considered to be a request for the equivalent of unlimited and open-ended treatment, for which the medical necessity is not established. In addition to the lack of specification with regards to the quantity of treatment sessions being requested, there is no documentation readily found in the nearly 1000 pages of medical records regarding the quantity of prior treatment sessions already received to date. There is an absence of a comprehensive treatment plan this stated and updated treatment goal with estimated dates of accomplishment for biofeedback treatment and specific information regarding outcome regarding prior biofeedback treatments. Because it could not be determined how many prior sessions, the patient has received nor the number being requested, the medical necessity the request is not established and the utilization review decision is upheld.