

Case Number:	CM15-0171540		
Date Assigned:	09/11/2015	Date of Injury:	09/21/2013
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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 36 year old female who sustained an industrial injury on 9-21-13. A review of the medical records indicates that she is undergoing treatment for left shoulder bicipital tendinitis with subacromial bursitis-rule out rotator cuff tear, very minimal cervical radiculitis left side, panic disorder with anxiety and depression, and sleep disorder. Medical records (4-27-15 to 7-5-15) indicate she has had intermitted "minimal to slight" neck pain with "slight radicular pain" into the left arm, intermittent "minimal to slight" pain in the lower back without radiation of the pain, "slight increasing on occasion to slightly greater than slight pain in the left shoulder, and intermittent panic attacks associated with feelings of depression. She also has had difficulty sleeping at night (7-5-15). Her medications include Cyclobenzaprine and Naproxen. The physical exam revealed no limitation of range of motion in the cervical spine and bilateral shoulders. She has undergone x-rays of the cervical spine, lumbar spine, and bilateral shoulders. Treatment recommendations have included anti-inflammatory medications, Prilosec, extra-strength Tylenol, a compound analgesic topical cream, and acupuncture (7-5-15). She has undergone a psychiatric evaluation with psychiatric diagnostic testing. The Beck Anxiety Inventory indicated mild anxiety. The Beck Depression Inventory indicated minimal depression. The injured worker was psychologically evaluated in October 2014, where "six psychotherapy sessions, along with biofeedback, and two additional medical management sessions" were recommended. The treating provider stated that the psychologist "recommendation further supportive psychotherapy a recommendation with which I concur" (4- 27-15). The treating

provider indicated that the injured worker will require "six months of psychiatric treatment with evaluation for placement onto an appropriate psychotropic medication regimen" and "require six months of weekly individual cognitive behavioral therapy." The treating provider states "it is doubtful that her psychiatric condition will stabilize without stabilization in her orthopedic condition" (4-27-15). The record indicates that she "has not yet reached maximal medical improvement and therefore is not yet permanent and stationary." Therefore, permanent disability was "deferred" (4-27-15). The utilization review (8-17-15) indicates that cognitive behavioral psychotherapy x 6 visits was approved and Biofeedback sessions x 6 visits were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback sessions x 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED]. The request under review is for an initial 6 sessions of biofeedback. The CA MTUS recommends the use of biofeedback in the treatment of chronic pain. It recommends that biofeedback be used in conjunction with psychotherapy and suggests an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)", may be necessary. Based on this information, the request for an initial 6 sessions exceeds the number of initial sessions set forth by the CA MTUS. Additionally, the rationale for the requested biofeedback remains unknown. As a result, the request for biofeedback sessions X6 is not medically necessary.