

Case Number:	CM15-0060514		
Date Assigned:	04/06/2015	Date of Injury:	06/13/2003
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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 59 year old female who sustained a work related injury on June 13, 2003, incurring right upper extremity, hand and shoulder injuries from repetitive keyboarding. She was diagnosed with a rotator cuff sprain, carpal tunnel syndrome, right shoulder impingement and cervical disc protrusions. Treatment included physical therapy, analgesics, steroid injections, upper extremity bracing, acupuncture sessions, cognitive behavioral therapy and psychotropic medications. Currently, the injured worker complained of increased anxiety and depression secondary to her injuries. The treatment plan that was requested for authorization included biofeedback, once monthly for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback, once monthly for six months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: behavioral interventions, biofeedback Page(s): 24-25.

Decision rationale: 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: The patient has according to the medical records already received at the very minimum 11 sessions of biofeedback treatment this is only in regards to the current course of psychological treatment and does not reflect any prior courses of psychological treatment that have included biofeedback. The MTUS guidelines state that the patient may have up to a maximum of 10 sessions of biofeedback and that afterwards the patient should use the biofeedback techniques independently at home. In addition, the biofeedback treatment is not to be used independently but in the course of a cognitive behavioral therapy program. Therefore the medical necessity of the request, based on MTUS/ODG guidelines, has not been established. Because medical necessity of this request is not been established the utilization review determination, which although it contains inaccurate statements about the efficacy of use of biofeedback, is upheld. This is not to say that the patient does, or does not require psychological treatment, only that the medical necessity of the current request and not be established as it exceeds recommended MTUS/official disability guidelines.