

Case Number:	CM15-0062476		
Date Assigned:	04/08/2015	Date of Injury:	02/26/2013
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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 52-year-old female, who sustained an industrial injury on 2/26/2013. She reported injury from preventing a patient from falling. The injured worker was diagnosed as status post anterior cervical discectomy and fusion. There is no record of a recent diagnostic study. Treatment to date has included cervical epidural steroid injection, physical therapy and medication. In a progress note dated 1/5/2015, the injured worker complains of pain in the right side of the neck and arm slowly returning after steroid injection. The treating physician is requesting 6 biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback (one times six): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 completed an initial psychological evaluation with [REDACTED] in February 2015. In that report, [REDACTED] recommended follow-up psychotherapy services as well as biofeedback sessions. He presented relevant and appropriate information to substantiate the need for follow-up services. The CA MTUS recommends the use of biofeedback in conjunction with CBT psychotherapy in the treatment of chronic pain. Although it recommends an "initial trial of 3-4 visits", it further recommends a "total of 6-10 sessions." Given the fact that the injured worker received an authorization for an initial 6 CBT sessions, the request for 6 biofeedback sessions to be completed in conjunction with the 6 CBT sessions appears reasonable. As a result, the request for 6 biofeedback sessions is medically necessary.