

Case Number:	CM15-0077829		
Date Assigned:	04/29/2015	Date of Injury:	05/28/1997
Decision Date:	05/28/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/23/2015

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 65-year-old female, who sustained an industrial injury on 5/28/1997. She reported injury while assisting a patient. The injured worker was diagnosed as having cervicgia, status post anterior cervical discectomy and fusion in 1998, cervical herniated nucleus pulposus, left shoulder acromioplasty, neuropathic pain and myofascial pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, spinal cord stimulator, physical therapy and medication management. In a progress note dated 3/5/2015, the injured worker complains of neck pain with headaches and radiation to the bilateral upper extremities. The treating physician is requesting 6 sessions of 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), biofeedback therapy guidelines.

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 continues to experience chronic pain as a result of her work-related injury. It is noted that the injured worker responded well to prior biofeedback sessions. Since the injured worker has not received any biofeedback treatments for some time, the request under review can be considered a request for an initial trial of sessions. The CA MTUS recommends an "initial trial of 3-4 visits". Additionally, the CA MTUS recommends that biofeedback be used in conjunction with CBT. It does not appear that the injured worker is participating in any CBT psychotherapy. As a result, the request for 6 biofeedback sessions is not medically necessary. It is noted that the injured worker received a modified authorization for 4 biofeedback sessions in response to this request.