

Case Number:	CM13-0004060		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2010
Decision Date:	02/26/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 35-year-old male who sustained a low back injury on 6/1/10 when he stood up after squatting in a small space at a customer's home. He is currently diagnosed with chronic low back pain, myofascial pain, sympathetically-mediated pain, and posterior rami syndrome. A request was made for six biofeedback sessions. The patient has a history of longstanding low back pain which to date has been treated with two lumbar surgeries, namely right L5-S 1 microdiscectomy on 2/25/11 and revision right L5-S 1 discectomy with posterior spinal fusion and instrumentation on 6/15/12. Lumbar CT was performed by [REDACTED] on 9/28/12 and demonstrated fusion of L5 and S1 with pedicle screws and an X-stop device, surgical changes of laminotomy on the right at L5-S 1, and degenerative disc changes at L5-S 1 with 3 mm annular disc bulge and focal annular calcification. Lumbar MRI with adjunctive 3D MR myelography by [REDACTED] on 1/17/12 showed postoperative changes and disc bulging at L5-S1, as well as findings consistent with annulus rupture in the past and development of fibrous tissue within the annulus post surgery. The patient presented on 5/16/13 with complaints of residual low back and bilateral lower extremity pain. He also reported having mild depressive symptoms related to his pain. Cognitive behavioral therapy and biofeedback were recommended during these visits. During his most recent evaluation on 6/13/13, the patient presented with worsening low back pain. His current medication regimen consisted of Cymbalta, Percocet, and fentanyl patch. Physical examination revealed painful facet loading, extension and rotation, lumbar paraspinal tenderness, intact lower extremity reflexes and motor strength, unspecified mild decrease in sensation, and negative straight leg raise test.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 6 biofeedback sessions: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: MTUS Chronic Pain Guidelines do not recommend biofeedback as a stand-alone treatment, but as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The Guidelines recommends 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) . However the request for six sessions of biofeedback is in excess of the allowed 3-4 sessions, therefore it is not medically necessary and appropriate.