

Case Number:	CM13-0006343		
Date Assigned:	12/18/2013	Date of Injury:	10/17/2007
Decision Date:	01/23/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/02/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 53-year-old male who reported an injury on 10/17/2007. The patient is currently diagnosed with pain disorder associated with both psychological factors and a general medical condition, as well personality disorder. The patient was recently evaluated by [REDACTED] on 09/28/2013. The patient has been authorized for 12 biofeedback therapy sessions. Upon mental status examination, the patient demonstrated no evidence of a mood disorder. The patient scored a 1 on the Beck Depression Inventory-2, indicating no levels of depression. The patient scored a 3 on the Beck Anxiety Inventory, evidencing minimal anxiety. Treatment recommendations included proceeding with biofeedback therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 biofeedback sessions for the cervical spine over 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

Decision rationale: California MTUS Guidelines state biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy program

to facilitate exercise therapy and return to activity. California MTUS Guidelines utilize the ODG biofeedback therapy guidelines, which indicate an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. Patients may continue biofeedback exercises at home. At this time, it is unclear whether these biofeedback sessions have been requested as part of a cognitive behavioral therapy program. Additionally, the current request for 12 sessions of biofeedback therapy exceeds guideline recommendations of an initial trial of 3 to 4 psychotherapy visits over 2 weeks. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.