

Case Number:	CM13-0019562		
Date Assigned:	10/11/2013	Date of Injury:	08/24/2009
Decision Date:	08/01/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is licensed in Psychology and is licensed to practice in 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 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/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 injured worker is a 30-year-old female who reported an injury on 08/24/2009, due to bending over repetitively. The injured worker had a history of low back pain that radiated to the lower extremities. The injured worker had a diagnosis of a lumbar sprain/strain. The past treatment included an epidural steroid injection, six (6) sessions of group therapy and an x-ray of the lumbar region. The injured worker's medication regimen included Tylenol No. 3. The objective findings of the lumbar spine revealed tenderness over the paravertebral muscles, decreased range of motion with anterior flexion of the trunk and positive straight leg rise. The psychiatric note dated 07/01/2013 indicated that the injured worker had improvement in her emotional condition with medication. The provider indicated the injured worker displayed a sad and anxious mood and displayed apprehension and bodily tension. The rationale for biofeedback was not given. The request for authorization form for biofeedback was dated 07/26/2013.

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 Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Office visits.

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

Decision rationale: The Chronic Pain Guidelines do not recommend biofeedback as a standalone treatment, but it is recommended as an option in a cognitive behavioral therapy program that facilitates exercise, therapy, and activity. There is fairly good evidence that biofeedback helps with muscle strengthening, but evidence is insufficient in demonstrating the effectiveness of biofeedback for treatment of chronic pain. It is unclear whether biofeedback adds to the effectiveness of relaxation training alone. The application of biofeedback to patients with complex regional pain syndrome (CRPS) is not well researched. The note dated 07/01/2013 indicated that the injured worker had improvement with the psychotherapist group and the injured worker had an increase in her mood. The 09/16/2013 note indicated that the injured worker was in a home exercise program. There is no indication that the injured worker will use the Biofeedback in combination with a cognitive behavioral therapy program that facilitates exercise, therapy, and activity. The submitted request does not indicate the number of sessions being requested or the frequency at which the sessions will take place. As such, the request for biofeedback is not medically necessary.