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| <b>Case Number:</b>   | CM13-0027218 |                              |            |
| <b>Date Assigned:</b> | 11/22/2013   | <b>Date of Injury:</b>       | 10/16/2006 |
| <b>Decision Date:</b> | 02/11/2014   | <b>UR Denial Date:</b>       | 09/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/20/2013 |

### 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 Occupational Medicine 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.

### 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 has a DOI of 10/16/2006. Diagnoses include lumbago, thoracic sprain, cervical sprain, lumbar sprain, internal derangement of the knee, carpal tunnel syndrome, joint pain of the ankle, shoulder sprain, headache, groin pain, hearing loss, depressive disorder, generalized anxiety, acute stress reaction, and essential hypertension. The claimant declines surgery, injections, and psychological evaluations. Patient complains of cervicogenic headaches, and back pain aggravated by bending, twisting and turning. The patient is on Norco and Soma. Patient is declining psychological evaluation and does not want to have psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Biofeedback and guided imagery two times a week for six week for multiple body areas:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS discusses biofeedback in chronic pain guides page 24. This patient currently is not a candidate for biofeedback under guidelines. Criteria for biofeedback therapy include initial trial of 3 to 4 psychotherapy visits over two weeks. Initial therapy for these patients should also include physical medicine exercise instruction, using cognitive

motivational approach to physical therapy. As the patient is declining the initial trial of psychotherapy, it would be inappropriate to recommend 12 sessions of biofeedback. In addition, guides only recommend in order to show objective functional improvement.