MAXIMUS Federal Services

Case Number:	CM13-0030791		
Date Assigned:	11/27/2013	Date of Injury:	12/10/2012
Decision Date:	02/26/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	10/01/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 34 year old who sustained two injuries to his right knee with the first on12/10/12. The patient is status post right knee arthroscopy with a partial lateral meniscectomy on 8/22/13. He has had multiple treatment modalities and diagnostic studies. He had been receiving both physical therapy and biofeedback with 4 sessions in July 2013. The last biofeedback session of 7/24/13, reports that the patient's mood is depressed, anxious, agitated, sad, angry, and irritable. Additionally the patient was noted to have preoccupations and negative thoughts about his present health condition. The patient continued to have knee and back pain and headaches. He received training in heart rate, respirations and coherence with goal of pain management and better reactions to stress exposures. At issue in this review are continued biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The potential benefits of biofeedback include pain reduction because the patient may gain a feeling that they are in control and pain is a manageable symptom. In this injured worker, 4 sessions of biofeedback had been completed with unclear benefit based upon the documentation provided in the notes. The request for continued biofeedback is not medically necessary and appropriate.