

Case Number:	CM13-0042105		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2004
Decision Date:	04/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/16/2013

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 Board Certified in Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This is a 54 year old woman injured 8/1/2004, and with shoulder pain radiating to the neck and the hand. She had success with prior visits for biofeedback, and is requesting another 6 sessions. She notes that a combination of biofeedback and acupuncture have been most helpful. She has lumbar pathology with L4-5 disc protrusion with annular fissure, facet hypertrophy and moderate foraminal narrowing. There is an annular bulge at L3-4 with facet hypertrophy and mild foraminal narrowing. She has had CBTas well as part of her treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFEEDBACK X 6 SESSIONS LUMBAR 90901: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

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

Decision rationale: The claimant has had four sessions of biofeedback with her provider requesting 6 visits more because she made what he defined as significant progress. She has had CBT as well. The goal should be to facilitate an exercise program and return to function. There is

not an exercise component described as part of the treatment plan. I support upholding the denial for additional biofeedback.