

<b>Case Number:</b>	CM13-0046363		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 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:

According to the records that were provided for this independent medical review, this 42-year-old patient reported and industrial/occupational injury that occurred on April 13, 2010. The injury occurred during his normal work duties for [REDACTED]. on the date of injury he was walking down the stairwell with two long pipes one of which got caught, he lost his balance and missed two steps to grab onto the railing with his right hand himself from falling. He struck his right elbow and his body twisted to support him: he experienced immediate pain in his low back. He continued to try to work despite the pain but after two days the pain became worse and then he was unable to climb out of bed. He reports continued pain in the following areas: low back, right elbow, neck, and left leg. In September 2011 he had a surgical procedure at hardware was implanted in his low back. He attended aqua therapy, received injections, but experienced minimal relief. The hardware was eventually removed from his back in January 2013. His wife unexpectedly departed leaving him depressed, crying and in despair. The patient started to experience frequent crying episodes that he hid from his children and felt weak and had thoughts of suicide without intention. There was severe financial difficulty requiring food stamps to feed his children. A comprehensive psychological evaluation/consultation was conducted in September 2013 and he was been diagnosed with: Major Depressive Disorder, Single Episode, Mild; Generalized Anxiety Disorder; Insomnia Related to Generalized Anxiety Disorder with Chronic Pain; Stress-Related Physiological Response Affecting General Medical Condition, Gastrointestinal Disturbance, Headache. A request for eight sessions of biofeedback training was made and non-certified, with an authorization that allowed for four biofeedback sessions. This independent medical review will address the request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions Of Biofeedback Training: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, biofeedback Page(s): 24-25.

**Decision rationale:** According to the MTUS treatment guidelines biofeedback is not recommended as a standalone treatment that as an option in a cognitive behavioral therapy program to facilitate exercise therapy and returned activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for the treatment of chronic pain. The official disability guidelines for biofeedback states that biofeedback can be possibly considered in conjunction with cognitive behavioral therapy after four weeks. That an initial treatment trial of 3-4 visits should be conducted over a two-week period and that with evidence of objective functional improvement a total of up to 6-10 visits over a 5 to 6 week period of individual sessions may be offered with the patient continuing biofeedback exercises at home after that. This request, is for 8 sessions of biofeedback, the guidelines state that an initial treatment trial of 3-4 visits must be offered as an initial trial to see if the patient responds objective functional improvements in which case additional sessions can be offered. The quantity of sessions being requested ignores the proper protocol and guidelines for biofeedback as discussed in the MTUS, therefore the medical necessity of 8 sessions is not established. In addition, it is not clear whether or not this patient is engaged in a cognitive behavioral therapy program or if this request is for biofeedback as a stand-alone procedure. Therefore the original utilization review decision is upheld.