

Case Number:	CM13-0046621		
Date Assigned:	12/27/2013	Date of Injury:	11/21/2005
Decision Date:	10/02/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	10/31/2013

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 Psychiatry 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:

Injured worker is a 41 year old male with date of injury 11/21/2005. Date of UR decision was 10/31/2013. Injured worker suffers with chronic back pain and is status post L5-S1 fusion x 2, she has also undergone physical therapy, aqua therapy, chiropractic manipulation, acupuncture, treatment with medications, psychotherapy treatment and lumbar epidural steroid injections. Report dated 9/14/2013 listed subjective complaints as depressed, anxious and hearing voices. Objective findings stated that she was anxious, worried, restless, was experiencing problems sleeping, low self esteem, low confidence, was feeling hopeless, helpless and was having problems sleeping. He was diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder, Male Hypoactive Sexual desire disorder and Insomnia/Sleeping disorder. Report dated 10/2/2013 indicated that he had been experiencing lower back, lower extremity and neck pain with associated numbness, tingling, weakness in lower extremities. He also reported experiencing occipital headaches. It was indicated that he had been receiving psychotherapy treatment as well as psychotropic medication management. The medications being prescribed per that report were Percocet, Dexilant, Zantac, Nexium, Ambien, Amitiza, Trazodone, Cymbalta, Lorazepam and Risperidone.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFEEDBACK TRAINING: Upheld

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

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

Decision rationale: MTUS states "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. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." Injured worker suffers with chronic back pain and is status post L5-S1 fusion x 2, she has also undergone physical therapy, aqua therapy, chiropractic manipulation, acupuncture, treatment with medications, psychotherapy treatment and lumbar epidural steroid injections. It has been indicated that the injured worker had been receiving psychotherapy treatment for at least 2 years and has been undergoing treatment with pain medications as well as psychotropic medication. The request for biofeedback treatment is not medically necessary since it is not recommended as a stand-alone treatment and the injured worker has already been receiving psychotherapy treatment.