

Case Number:	CM13-0048721		
Date Assigned:	12/27/2013	Date of Injury:	07/13/2004
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 reviewer is licensed in Psychologist and is licensed to practice in Texas. 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 patient is a 60-year-old male who reported an injury on 07/13/2004, due to a slip and fall down a stairwell that caused loss of consciousness and injury to his back, neck, left shoulder, and bilateral legs. The patient ultimately underwent cervical fusion that resulted in the paralyzation of his right vocal cord. The patient's emotional distress is managed with medications, psychological support, group therapy, and individual counseling. The patient's diagnoses included depressive disorder and panic disorder. The patient's treatment plan included cognitive behavioral therapy and biofeedback therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular rehab/biofeedback (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy Guidelines

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

Decision rationale: The requested neuromuscular rehab/biofeedback, 6 sessions, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule

recommends a trial of 4 visits over 2 weeks with documented functional benefit to support continuation of treatment. Although the clinical documentation does indicate that the patient has had extensive psychological counseling, it appears that this counseling was to benefit the patient's emotional distress. The clinical documentation submitted for review does indicate that the patient has ongoing chronic pain complaints as a result of the compensable injury and would benefit from pain-focused behavioral therapy. Therefore, a trial of neuromuscular rehab/biofeedback would be indicated. However, the requested 6 sessions exceeds the guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested neuromuscular rehab/biofeedback, 6 sessions, is not medically necessary or appropriate.