

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0050651 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 09/03/2009 |
| <b>Decision Date:</b> | 03/11/2014   | <b>UR Denial Date:</b>       | 11/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/14/2013 |

### 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 Physical Medicine & Rehabilitation 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 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 48-year-old female who reported an injury on 08/05/2009. The patient is diagnosed with head pain, cervical spine sprain/strain with radiculitis, cervical spine disc protrusion, thoracic spine sprain, lumbar spine disc protrusion, status post lumbar surgery in 2011, chronic back pain, abdominal pain, bilateral shoulder sprain/strain, left shoulder tendinitis, bilateral elbow lateral and medial epicondylitis, status post left elbow surgery, bilateral knee sprain and strain, left knee patellar tendinosis, right patellofemoral arthralgia, right ankle strain and sprain, NSAID-induced gastropathy, hypertension, depression, and sleep disturbance. The patient was seen by [REDACTED] on 08/21/2013. The patient reported ongoing pain in multiple areas of the body. Physical examination revealed tenderness to palpation with restricted range of motion of the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, tenderness to palpation of the bilateral elbows, forearm, and knees, tenderness over the right ankle, and no changes in neurocirculatory examination. Treatment recommendations included biofeedback training of the lumbar spine, topical medications, bilateral knees support and elbow support, and authorization for a CT myelogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback evaluation and treat to lumbar spine quantity 8:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state biofeedback is not recommended as a standalone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. California MTUS Guidelines utilize Official Disability Guidelines Biofeedback Therapy Guidelines, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. As per the documentation submitted, there is no evidence of this patient's active participation in a cognitive behavioral therapy program. Additionally, the request for 8 sessions of biofeedback therapy exceeds guideline recommendations for an initial trial of 3 to 4 visits over 2 weeks. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.