

Case Number:	CM13-0050897		
Date Assigned:	12/27/2013	Date of Injury:	11/14/1992
Decision Date:	03/07/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/13/2013

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 and 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 56 year old male who reported injury on 11/14/1992. The mechanism of injury was noted to be the patient was moving his personal effects to another location and, while lifting an item with the help of a coworker, the patient experienced a pop in his neck and immediate radiating pain to the left shoulder. The patient was noted to be on Ativan, Dilaudid, hydrocodone, and Soma. The patient was noted to have pain in the neck when it was flexed anteriorly. The patient was noted to have pain with extension of the cervical spine and left lateral rotation. The patient's diagnoses were noted to be cervical radiculopathy and shoulder derangement and lumbar spondylosis. The request was made for 12 sessions of biofeedback and Ativan 1 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

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

Decision rationale: California MTUS Guidelines indicate that 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. The clinical documentation submitted for review failed to indicate the patient would be participating in a cognitive behavioral therapy program. Additionally, the request for 12 sessions without re-assessment would be excessive. Given the above, the request for Twelve (12) sessions of biofeedback is not medically necessary.