

Case Number:	CM13-0060134		
Date Assigned:	12/30/2013	Date of Injury:	04/03/2008
Decision Date:	07/29/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Practice 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:

The 46 yr. old female claimant sustained a work injury on 4/3/08 involving the neck and upper extremities. She has a diagnosis of cervical spondylosis without myelopathy. Her pain has been treated with topical analgesics. An MRI in May 2013 indicated she had cervical spinal stenosis as well as a central disc herniation at the level of C-5 to C6. In September 13, 2013 the claimant had a psychological evaluation, and was diagnosed with major depression. The treating psychologist recommended trial sessions of biofeedback. The progress note on October 30, 2013 indicated the claimant had increased pain with colder weather and the topical analgesics helped her symptoms as well as allow her to sleep better. She complained of anxiety and being depressed. The exam findings were notable for cervical spine tenderness to the paraspinal muscles as well as decreased range of motion. The treating physician recommended psychological consultation as well as 12 sessions of cognitive behavior therapy along with biofeedback per the psychology evaluation.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In this case the claimant has been referred for psychology evaluation as well as cognitive behavioral therapy. The biofeedback can be determined after that evaluation or in conjunction once those therapies have been initiated and show evidence of success. There is insufficient evidence to demonstrate effectiveness of biofeedback for treating chronic pain. The biofeedback request is not medically necessary.