

<b>Case Number:</b>	CM14-0008144		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Occupational Medicine 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 patient is a 60-year-old male who has submitted a claim for pain disorder associated with both psychological factors and general medical condition and major depressive disorder associated with an industrial injury date of July 16, 2008. Medical records from 2013 were reviewed. The patient complained of chronic right knee pain secondary to an industrial injury in 2008. Patient has anxiety, disordered thinking, and depression, characterized by feelings of helplessness and hopelessness with regards to the chronic pain. Recent physical examination findings were not available. An mental status examination dated August 8, 2013 showed that the patient has fluent and articulate speech. His affect appeared euthymic to slightly anxious. He was easily irritated and has an undercurrent of anger and frustration. Treatment to date has included medications, physical therapy, massage therapy, functional restoration program, right knee cortisone injection, knee brace, ice packs, home exercise program, activity modification, right knee arthroscopic partial meniscectomy, cognitive behavior therapy, psychotherapy, and biofeedback sessions. Utilization review, dated December 17, 2013, modified the request for 6 biofeedback sessions to 4 biofeedback sessions because patient could benefit from additional sessions since he had an abrupt discontinuance of psychotherapy, which caused him to regress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 BIOFEEDBACK SESSIONS:** Upheld

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

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

**Decision rationale:** Page 24-25 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. In this case, there was no evidence that the patient is undergoing a cognitive behavioral therapy program. The guideline clearly state that biofeedback should be done along with CBT. Furthermore, a previous utilization review dated December 17, 2014 has already approved of 4 biofeedback sessions. Therefore, the 4 biofeedback sessions are not medically necessary.