MAXIMUS Federal Services

Case Number:	CM14-0101557		
Date Assigned:	09/16/2014	Date of Injury:	04/26/2013
Decision Date:	10/31/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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 Psychology 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 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 injured worker is a 59-year-old male who reported an injury on 04/26/2013. The mechanism of injury was not provided. On 12/17/2013, the injured worker presented with pain to the lumbar spine and right shoulder. Upon examination of the lumbar spine, there was tenderness to palpation with spasm noted. Examination of the right shoulder revealed tenderness to palpation with spasm. Diagnoses were sprain and strain of the neck and sprain and strain of the shoulder and arm bilaterally. Medications included Prilosec and Norco. The provider recommended biofeedback; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) biofeedback therapy guidelines

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

Decision rationale: The request for biofeedback is not medically necessary. The California MTUS Guidelines state that biofeedback is not recommended as a standalone treatment, but it is recommended as an option in the cognitive behavioral therapy 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. There is a lack of documentation that the injured worker participates in cognitive behavioral therapy that could be used as an adjunct to the biofeedback. The guidelines do not recommend biofeedback as a standalone treatment. Therefore, without documented participation in a cognitive behavioral therapy program, biofeedback would not be indicated. The provider also does not specify the amount of biofeedback recommended in the request as submitted. As such, medical necessity has not been established.