

Case Number:	CM14-0015385		
Date Assigned:	02/28/2014	Date of Injury:	01/21/2010
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 injured worker is a 51 year old female who sustained an injury on 01/21/10 when she slipped and fell. The injured worker has been followed for ongoing complaints of chronic low back pain with associated psychological symptoms to include depression, anxiety, panic symptoms, and insomnia. The injured worker's initial psychological evaluation occurred in January of 2012. The injured worker was initially recommended for cognitive behavioral therapy as well as biofeedback. The pain management report from 09/12/13 indicated the injured worker had persistent complaints of low back pain that was severe. The injured worker had the limited ability to take oral medications due to gastrointestinal discomfort. The injured worker continued to utilize Lidoderm patches for pain. No specific physical examination findings at this evaluation were noted. The clinical report from 11/13/13 indicated that the injured worker did receive psychological treatment which was reported as beneficial. The injured worker indicated that the prior cognitive behavioral therapy and biofeedback did help with depression, anxiety, insomnia, and panic symptoms. The note then indicated that despite psychological improvement, the injured worker continued to have residual depression, anxiety, irritability, mental confusion, and social withdrawal. Undated psychological testing showed a BDI score of 51 as well as a BAI score of 60 indicating severe depression and anxiety. On physical examination, the injured worker demonstrated distress with pain contributing to depression, anxiety, and agitation. The injured worker had no impairment of psychological insight or judgment. The injured worker did feel that she was interested in receiving further psychotherapy. The most recent evaluation from 01/09/14 demonstrated an intact mental status. There was limited range of motion of the lumbar spine. Decreased sensation in the lower extremities was noted. The requested 4 sessions of biofeedback over a 3 month period was denied by utilization review on 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFEEDBACK 4 VISITS OVER 3 MONTHS: Upheld

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

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

Decision rationale: In regards to the requested biofeedback for 4 sessions over 3 months, this reviewer would not have recommended this therapy as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Per guidelines, biofeedback is not recommended as a stand alone treatment but in conjunction with further cognitive behavioral therapy. From the clinical notes, there is no indication that the injured worker was recommended to continue with any particular cognitive behavioral therapy or psychotherapy. Furthermore, the clinical documentation does not indicate that there was any substantial functional improvement obtained with the previous use of biofeedback in conjunction with therapy. The injured worker's self-reporting testing noted very severe levels of depression and anxiety. Given the lack of any clear indication that the injured worker obtained any functional benefit from previous biofeedback therapy and as there is no indication from the records that biofeedback would be utilized in conjunction with ongoing cognitive behavioral therapy or psychotherapy, this reviewer would not have recommended certification for the request.