

Case Number:	CM14-0017399		
Date Assigned:	04/14/2014	Date of Injury:	11/28/2011
Decision Date:	05/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 11/28/2011. The mechanism of injury was not stated. Current diagnoses include anxiety disorder, asthma, constipation, depression, and irritable bowel syndrome. The injured worker was evaluated on 01/21/2014. The injured worker reported persistent lower abdominal pain. Physical examination revealed tenderness to the abdomen, normal percussion and bowel sounds, and no palpable masses. Treatment recommendations included biofeedback treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BIOFEEDBACK TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS Guidelines state 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. California MTUS Guidelines utilize ODG Biofeedback Therapy Guidelines for Chronic Pain which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request does not include a frequency or total

duration of treatment. Therefore, the request is not medically appropriate. As such, the request is not medically necessary.