

Case Number:	CM14-0132720		
Date Assigned:	08/22/2014	Date of Injury:	10/01/1993
Decision Date:	10/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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 a licensed Psychologist, 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 claimant is a 60 year-old male [REDACTED] with a date of cumulative injury of 10/1/93. The claimant sustained injury to his back, neck, and upper extremities as the result of normal and customary duties while working as a truck driver for [REDACTED]. In his "Pain Medicine Re-Evaluation" dated 8/4/14, [REDACTED] diagnosed the claimant with: (1) Lumbar disc degeneration; (2) Chronic pain other; (3) Lumbar post laminectomy syndrome; (4) Lumbar radiculopathy; (5) Status post thoracic spine T11-12 dissection, T7-8 compression fracture, positive foot drop; (6) Bilateral shoulder pain; (7) Depression; and (8) Erectile dysfunction due to pain. Additionally, in his report dated 5/21/14, [REDACTED] offered the following diagnostic impressions: (1) Status post discectomy; (2) Moderate stenosis; (3) Status post decompression; (4) Status post anterior cervical fusion, C5-6 and C6-7; (5) Pseudoarthrosis, C5-6; (6) Myelolalacia affecting both lower extremities with bilateral drop foot; (7) Severe disc disication, L4-5 and L5-S1; (8) Status post removal of anterior cervical plate and anterior fusion wiring, C5-C7; (9) Moderate stenosis; (10) Status post revision decompression, L3-4 and :4-5, as well as attempted; (11) Severe central foraminal stenosis at T10-11 and T11-12; and (12) Moderate to large disc herniation as well as stenosis L3-4, L4-5 and L5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback by behavioral health provider: 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): 24-25.

Decision rationale: The CA MTUS regarding the use of biofeedback in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience symptoms of chronic pain for which biofeedback may be helpful. However, the CA MTUS states 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." It further recommends to "possibly consider biofeedback referral in conjunction with CBT after 4 weeks" of physical medicine. Given the fact that the claimant has not been evaluated by a psychologist and is not participating in any CBT psychotherapy, the request for biofeedback is not appropriate based on the CA MTUS guideline. As a result, the request for "Biofeedback by behavioral health provider" is not medically necessary.