

<b>Case Number:</b>	CM14-0133448		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 and Rehabilitation 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 41-year-old male with a reported date of injury on 02/07/2012. The mechanism of injury was noted to be a slip and twist. His diagnoses were noted to include lumbar/lumbosacral disc degeneration, long term use of narcotic medications, psychogenic pain, anxiety and depression. His previous treatments were noted to include Functional Restoration Program, psychiatric treatment, medications, chiropractic intervention, physical therapy, exercise, epidural steroid injections and relaxation training. The progress note dated 04/08/2014, revealed symptoms of sadness, irritability and frustration, as well as social isolation and anxiety. The injured worker reported sleep disturbance, saying that on average he only slept for about 6 hours per night and would awaken due to pain. The provider indicated the injured worker's pain syndrome affected many aspects of his ability to function. In addition to his lack of gainful employment, he had difficulties with housekeeping, doing yard work, working and engaging in his hobbies. His mechanisms for dealing with his pain included holding or rubbing the painful area, walking or pacing, complaining, changing position, becoming irritable, lying down, withdrawing and taking medication. The provider indicated the injured worker was given psychological questionnaires and the provider indicated the injured worker was had experienced a significantly deeper level of depression that was usual for him, coupled with the elevated anxiety symptoms. The provider indicated the injured worker had feelings of being overwhelmed and was unable to cope. The provider indicated the injured worker thought poorly of his abilities and may have felt that he could not participate in ordinary life activities. The injured worker was generally moody and cranky and his reaction to a physical illness was likely to be a mixture of fear and depression. The provider indicated that the injured worker's symptom profile revealed a clinically significant pattern and magnitude. The distress levels were clearly in the clinical range and a more thorough mental status examination was recommended. The intensity of distress was

clinical in nature and he had endorsed a large number of clinical symptoms. The progress note dated 07/29/2014, revealed the injured worker's psychiatric symptoms as anxiety, panic attacks, depression, increased social isolation and avoidance, decreased self-care activities and limited functional ability. The injured worker reported feelings of sadness, frustration, increased social isolation, anxiety and hopelessness. The provider that the symptoms would improve with cognitive behavioral treatment and would contribute to his functional restoration. The Request for Authorization form dated 08/05/2014 was for 6 sessions of biofeedback. However, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BIOFEEDBACK X 6 SESSIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, COGNITIVE BEHAVIORAL THERAPY

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Biofeedback.

**Decision rationale:** The request for biofeedback times 6 sessions is not medically necessary. The injured worker has symptoms of anxiety, depression, social isolation and limited functional ability. The California Chronic Pain Medical Treatment Guidelines do not recommend biofeedback as a standalone treatment, but recommended as an option in a 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. Biofeedback may be approved if it facilitates entry into a cognitive behavioral treatment program, where there is strong evidence of success. Biofeedback techniques are likely to use surface electromyography feedback so the patient learns to control the degree of muscle contraction. The Official Disability Guidelines biofeedback therapy guidelines state to screen for patients with risk factors for delayed recovery, as well as motivation to comply with the treatment regimen, that requires self-discipline. Initial therapy for these at risk patients should be physical medicine, exercise instruction, using a cognitive motivation approach to physical therapy. The guidelines recommend to possibly consider biofeedback referral in conjunction with cognitive behavioral therapy after 4 weeks with an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks. The patient may continue biofeedback exercises at home. The documentation provided indicated the injured worker was previously authorized 4 sessions of biofeedback and there is a lack of documentation regarding objective functional improvement with those previous sessions. Therefore, the request is not medically necessary.