

<b>Case Number:</b>	CM14-0150021		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/07/2006
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Anesthesiology; has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old female with an 11/7/06 date of injury. At the time (8/19/14) of the request for authorization for biobehavioral feedback for twelve (12) sessions, there is documentation of subjective (back and left shoulder pain) and objective (gait appears to be antalgic, anterior lumbar flexion causes pain, moderate left acromioclavicular tenderness) findings, current diagnoses (lumbar radiculopathy degenerative disk disease and left rotator cuff syndrome), and treatment to date (medication and physical medicine). There is no documentation of a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biobehavioral feedback for twelve (12) sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 98; 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Biofeedback Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain or stress/anxiety/depression and a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach, as criteria necessary to support the medical necessity of biofeedback in conjunction with cognitive behavioral therapy (CBT). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In addition, ODG supports an initial trial of 4 visits of biofeedback. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy degenerative disk disease and left rotator cuff syndrome. In addition, there is documentation of chronic pain and treatment with physical medicine. However, there is no documentation of a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach. In addition, the requested biobehavioral feedback for twelve (12) sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for biobehavioral feedback for twelve (12) sessions is not medically necessary.