

Case Number:	CM14-0153452		
Date Assigned:	09/23/2014	Date of Injury:	01/07/2014
Decision Date:	10/24/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 51-year-old female who reported an injury on 01/07/2014. The mechanism of injury was not specifically stated. The current diagnoses include upper back pain and history of situational depression. The latest physician progress report submitted for this review is documented on 09/09/2014. Previous conservative treatment is noted to include medications, physical therapy, trigger point injections and biofeedback. The injured worker presented with complaints of upper trapezius and levator scapula pain bilaterally. The injured worker reported progress with biofeedback. Physical examination revealed no acute distress, tenderness to palpation, normal motor strength, intact sensation and trigger points. Treatment recommendations at that time included repeat trigger point injections, continuation of the independent stretching program and 4 additional sessions of biofeedback. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional biofeedback sessions x 4: 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 Page(s): 24-25.

Decision rationale: The California MTUS guidelines state that biofeedback is not recommended as a stand-alone treatment, but recommended as an option in cognitive behavioral therapy program. The California MTUS Guidelines allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. Patients may also continue biofeedback exercises at home. As per the documentation submitted, the injured worker has previously participated in biofeedback therapy. However, there was no documentation of objective functional improvement. Therefore, additional treatment cannot be determined as medically appropriate at this time.