

Case Number:	CM14-0173849		
Date Assigned:	10/27/2014	Date of Injury:	10/15/2010
Decision Date:	12/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family Practice, and is licensed to practice in Ohio. 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 43-year-old male with reported date of injury of July 15, 2010. He complains of left knee pain radiating to the right knee and pain in the low back radiating to the left lower extremity. He has had two prior arthroscopic surgeries of the left knee but continues to have pain there nonetheless. He is being considered for another knee surgery. The physical exam reveals normal gait, diminished lumbar range of motion, and diminished light touch sensation to the left L4, L5, and S1 dermatomes. The range of motion of the left and right knee is limited. There is a positive patellar inhibition test on the left. The diagnoses include patellofemoral arthropathy, possible recurrent lateral meniscal tear, lumbar degenerative disc disease without myelopathy, and cervical radiculopathy. Injured worker is not taking any pain medications and has poor quality of sleep. He has returned to work. It is evident from the previous utilization review physician that on June 3, 2014 cognitive behavioral therapy and biofeedback sessions were recommended because it was felt that psychological stressors were interfering with recovery. Any notes from that day were not included for this review. Any notes pertaining to psychological issues were likewise not included for review. The sole note from the primary treatment provider comes from September 11, 2014. That note makes no mention of psychological issues but concludes with a statement that authorization for cognitive behavioral therapy is currently anticipated.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Biofeedback Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Biofeedback Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: 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. 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 CBT treatment program, where there is strong evidence of success. As with yoga, since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. EMG biofeedback may be used as part of a behavioral treatment program, with the assumption that the ability to reduce muscle tension will be improved through feedback of data regarding degree of muscle tension to the subject. The potential benefits of biofeedback include pain reduction because the patient may gain a feeling that he is in control and pain is a manageable symptom. No evidence has been presented for purposes of this review to suggest that cognitive behavioral therapy is necessary. Per previous utilization review physicians, on June 3, 2014 cognitive behavioral therapy and biofeedback sessions were recommended because it was felt that psychological stressors were interfering with recovery. No notes from that June 3rd encounter were enclosed for this review. No notes from the initial cognitive behavioral sessions were included for review. The injured worker was felt to have legitimate left knee issues with compensatory pain elsewhere. He was taking no pain medication and had returned to work. Therefore, the documentation provided does not establish the medical necessity for the additional sessions of cognitive behavioral therapy. Because the medical necessity for more cognitive behavioral sessions was not established, the medical necessity for biofeedback cannot be established as this therapy is not recommended apart from Cognitive Behavioral Therapy.