

Case Number:	CM14-0186578		
Date Assigned:	11/14/2014	Date of Injury:	06/30/2011
Decision Date:	12/16/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 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:

Injured worker is a 43-year-old female claimant who sustained a work injury on June 30, 2011. She had a past medical history of ulcerative colitis and underwent a colectomy with J pouch. She had a post-operative intestinal instruction and has developed pouchitis. A progress note on October 6, 2014 indicated the claimant had generalized joint pain. It was an anal fissure with nifedipine. A subsequent request was made for a blood panel work up to investigate for lupus, a colorectal surgeon consultation and biofeedback within MPN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback (frequency and duration not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: According to the guidelines, biofeedback is not recommended as a standalone treatment. It is recommended as an option in cognitive behavioral therapy to facilitate exercise therapy and return to activity. In this case, the indication for biofeedback was not

mentioned. The duration of treatment and/or frequency was not prescribed. The request for biofeedback as above is not medically necessary.