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| Case Number: | CM14-0024140 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 11/20/2012 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 01/14/2014 |

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 Texas. 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 54 year old male whose date of injury is 11/20/2012. Mechanism of injury is not specified. The injured worker received chiropractic treatment in 2013. Case status report dated 11/15/13 indicates diagnosis is adjustment disorder with anxiety and depression. The injured worker requests 8 sessions of biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFEEDBACK 8 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BIOFEEDBACK,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: California Medical Treatment Utilization Schedule (CA MTUS) guidelines note that 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. Guidelines note that a trial of biofeedback may be considered in conjunction with cognitive behavioral therapy after 4 weeks. There is insufficient clinical information provided to

support this request. There is no indication that the injured worker has undergone an initial diagnostic assessment to establish a working diagnosis and individualized treatment plan. There is no comprehensive assessment of psychological treatment completed to date or the injured worker's response thereto submitted for review. Based on the clinical information provided, the request for biofeedback 8 sessions is not recommended as medically necessary.