

Case Number:	CM14-0025107		
Date Assigned:	06/11/2014	Date of Injury:	04/16/2012
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 33 year old male with a date of injury 4/16/12. He complains of neck, mid and upper back, lower back and bilateral shoulder pain. The diagnoses include cervical spine musculoligamentous strain/ sprain with radiculitis, disc protrusions per MRI 12/19/12.; thoracic spine musculoligamentous strain/sprain, myofascial pain syndrome; lumbar spine musculoligamentous strain/sprain with radiculitis, myofascial pain syndrome; lumbar spine disc protrusions, per medical records; bilateral shoulder strain/sprain; bilateral periscapular tendinitis; sexual dysfunction; depression, situational; sleep disturbance secondary to pain. There is an 8/28/13 primary treating physician progress report that states that the patient has complaints of pain in the neck, mid/upper back, low back and bilateral shoulders/arms tenderness in the cervical spine paraspinal muscles with decreased range of motion and a positive compression test. There are trigger points noted. The thoracic spine has tenderness to palpation on the paraspinals with restricted range of motion. The lumbar spine has tenderness to palpation over the paraspinal muscles, which has remained the same as of last visit. There is restricted range of motion. Straight leg raise test is positive bilaterally. There are trigger points noted. The shoulders have tenderness to palpation with restricted range of motion and positive impingement and supraspinatus tests. The bilateral arms reveal grade 2 tenderness to palpation, which decreased from grade 2-3 on last visit. There is restricted range of motion. There are no changes on neuro circulatory examination. There is a biofeedback evaluation dated 5/10/13 that states that the patient underwent conservative care to the lumbar spine including but not limited to medications, physical and manipulating therapy. Acupuncture injections and surgery and is still experiencing chronic pain (7/10) on VAS), palpable spasm (+3), and decreased range of motion. Additionally, the patient is currently undergoing cognitive behavioral therapy with a licensed psychologist/ psychiatrist, as recommended by the guidelines. The document states that a trial of 6 visits of biofeedback over the course 3 weeks is indicated at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFEEDBACK EVALUATION AND TREATMENT TWO SESSIONS PER WEEK FOR THREE WEEKS: Upheld

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

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

Decision rationale: Biofeedback evaluation and treatment two sessions for week for three weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient was receiving cognitive behavioral therapy. The MTUS guidelines state that a patient can be considered for biofeedback referral in conjunction with CBT after 4 weeks. Biofeedback can be used as an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. The request for biofeedback two sessions for week for three weeks is reasonable. The documentation indicates that the patient was receiving cognitive behavioral therapy. It is not clear that this cognitive behavioral therapy has been going on for at least 4 weeks. Additionally it is unclear why biofeedback evaluation is necessary. Without clarification of the duration of cognitive behavioral therapy and due to the request for an additional biofeedback evaluation the request for biofeedback evaluation and treatment two sessions for week for three weeks is not medically necessary.

