

Case Number:	CM14-0030260		
Date Assigned:	06/20/2014	Date of Injury:	08/12/2009
Decision Date:	07/31/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

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 a licensed Psychologist 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 38-year-old male who reported an injury on 08/12/2009. On 05/29/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine, there was increased lordosis, restricted range of motion, and tenderness to palpation over the paravertebral muscles bilaterally. There was a positive lumbar facet loading bilaterally and a positive straight leg raise to the left side. Diagnoses were lumbar radiculopathy to the left, low back pain, and spinal lumbar degenerative disc disease. Prior therapy included a lumbar back brace, spinal cord stimulation, and medications. The provider requested biofeedback therapy 1 time a week for 12 weeks. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy 1 time per week for twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Guidelines state that biofeedback is not recommended as a standalone treatment, but recommended as an option in a cognitive behavior therapy program to facilitate exercise therapy and return to activity. As the guidelines do not recommend biofeedback as standalone treatment, the request for biofeedback therapy would not be warranted. As such, the request is not medically necessary.