

Case Number:	CM14-0030815		
Date Assigned:	05/09/2014	Date of Injury:	06/25/2013
Decision Date:	07/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/27/2014

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 & Rehabilitation, 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:

This 30 year-old patient sustained an injury on 6/25/13 while employed by [REDACTED]. Request(s) under consideration include Biofeedback 2 X 4 For Anxiety. Psychiatric consultation report of 11/11/13 noted the patient with complaints of anxiety, tension, irritability and quick temper, depression, insomnia due to pain, low appetite with increased weight, low energy level, low memory and concentration, low sociability and sexual activity. The patient denied suicidal ideations, panic attacks, alcohol use, hallucinations, or danger to self or others. Exam showed tense, dysphoric mood, occasional smiling, good eye contact, focus, and spontaneity; not exhibiting panic attacks or obsessive rituals; no thought disorder; well-focused and answered questions promptly and appropriately; normal intelligence. Diagnoses included Axis I Adjustment disorder with mixed anxiety and depressed mood; Axis III pain in right ankle, knees, right hip, back, neck and right shoulder, Axis V global functioning of 60, moderate mental symptoms and impairment. Report of 11/15/13 from the provider noted complaints of bilateral lower extremity pain, numbness, and tingling. No functional change since last examination; had abdominal pain, diarrhea, stress, and sleep disturbance. Exam showed mild distress, antalgic gait; difficulty with rising and sitting; moved with stiffness; medications helping with pain. Diagnoses included right ankle strain/sprain; bilateral knee pain; lumbar strain/sprain with bilateral lower extremities radiculitis; stress and anxiety. Request(s) for Biofeedback 2 X 4 For Anxiety was partially-certified for 4 sessions on 12/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFEEDBACK 2 X 4 FOR ANXIETY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Biofeedback, Pages 374-375.

Decision rationale: This 30 year-old patient sustained an injury on 6/25/13 while employed by [REDACTED]. Request(s) under consideration include Biofeedback 2 X 4 For Anxiety. Psychiatric consultation report of 11/11/13 noted the patient with complaints of anxiety, tension, irritability and quick temper, depression, insomnia due to pain, low appetite with increased weight, low energy level, low memory and concentration, low sociability and sexual activity. The patient denied suicidal ideations, panic attacks, alcohol use, hallucinations, or danger to self or others. Exam showed tense, dysphoric mood, occasional smiling, good eye contact, focus, and spontaneity; not exhibiting panic attacks or obsessive rituals; no thought disorder; well-focused and answered questions promptly and appropriately; normal intelligence. Diagnoses included Axis I Adjustment disorder with mixed anxiety and depressed mood; Axis III pain in right ankle, knees, right hip, back, neck and right shoulder, Axis V global functioning of 60, moderate mental symptoms and impairment. Report of 11/15/13 from the provider noted complaints of bilateral lower extremity pain, numbness, and tingling. No functional change since last examination; had abdominal pain, diarrhea, stress, and sleep disturbance. Exam showed mild distress, antalgic gait; difficulty with rising and sitting; moved with stiffness; medications helping with pain. Diagnoses included right ankle strain/sprain; bilateral knee pain; lumbar strain/sprain with bilateral lower extremities radiculitis; stress and anxiety. Request(s) for Biofeedback 2 X 4 For Anxiety was partially-certified for 4 sessions on 12/16/13 citing guidelines criteria and lack of medical necessity. Per Guidelines, Biofeedback is not suggested as a stand-alone therapy, but may be incorporated after an adequate trial of Cognitive Behavioral Therapy (CBT). The CBT must first show functional improvements and the necessity of the biofeedback as appropriate in order to deal better with the pain, improve functionality, and decrease medications; however, this has not been adequately demonstrated in the submitted reports as the patient's function remains unchanged with overall daily activities without decrease in opioid dosages, medical utilization, and has failed to progress with any work status post CBT already rendered. Medical necessity for Biofeedback has not been established and guidelines criteria are not met. The Biofeedback 2 X 4 For Anxiety is not medically necessary and appropriate.