

Case Number:	CM14-0033941		
Date Assigned:	06/20/2014	Date of Injury:	03/11/2010
Decision Date:	07/29/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/18/2014

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 Alabama. 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 44-year old male who was injured on 03/11/2010. The mechanism of injury is unknown. He has treated with Flexeril, gabapentin, hydrocodone, Naproxen, Fluoxetine, Prozac, and trazadone. Prior treatment history has included 10 sessions of cognitive behavioral therapy. The patient underwent a lumbar surgery in 1996; spinal fusion with decompression. Diagnostic studies reviewed include of the lumbar spine dated 10/08/2013 revealed no significant interval change; stable mild disc space height loss at L5-S1; and grade I retrolisthesis of L2-3 on neutral and extension views, also not significantly changed. According to visit note dated 01/28/2014, the patient complained of pain in the latearel aspect of his coccyx with radiation into his bilateral buttocks. He rated this pain as 7/10. He has numbness in his left buttocks and left lower extremity. He continues to utilize his medications as they provide him with benefit and improved function. There was no exam performed as it pertains to the patient's condition. Diagnosis are postlaminectomy lumbar syndrome, lumbar spinal stenosis, and lumbar disc degeneration. The treatment and plan included a coccyx injection. Prior utilization review dated 02/19/2013 states the request for 12 Bio Feedback Sessions is not certified and has been modified to 6 Bio Feedback sessions to assess efficacy and documented improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Bio Feedback Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low back>, <biofeedback> Other Medical Treatment Guideline or Medical <http://umm.edu/health/medical/altmed/treatment/biofeedback>.

Decision rationale: Per Official Disability guidelines the 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. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic low back pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. As with yoga, since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. In other hand, the ACOEM guidelines state that the frequency of biofeedback is "Four (4) to 6 sessions for initial effect, 10 to 12 sessions to acquire skill within the multidisciplinary program, maximum duration of 12 to 16 sessions... Additional supervised treatments unlikely to be needed unless there is objective evidence of further improvement that is continuing through and to that time. Patients are discharged at that time to continue biofeedback exercises at home. In this case, the patient has completed 10 sessions of CBT concurrent with 10 sessions of relaxation techniques using biofeedback with good results. With the maximum duration of "12 to 16 sessions, the patient is only certified for 6 more sessions of biofeedback for a total of 16 sessions. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request for 12 biofeedback sessions are not medically necessary.