

<b>Case Number:</b>	CM14-0034662		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 48 year-old with a date of injury of 04/20/10. A progress report associated with the request for services, dated 02/07/14, identified subjective complaints of chronic fatigue and multi-focal joint pain. Objective findings included tenderness to palpation of the cervical and lumbar spines. Motor and sensory functions were normal. Diagnoses included fibromyalgia. Treatment has included physical therapy, acupuncture, TENS and medications. A Utilization Review determination was rendered on 03/07/14 recommending non-certification of "16 Sessions of Bio Behavior and Chiropractic care x 16 visits".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **16 Sessions of Biobehavior: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that biofeedback is not recommended unless it is part of a cognitive behavioral therapy program

(CBT). Also, there is insufficient evidence on the effectiveness of biofeedback for the treatment of chronic pain. In this case, biofeedback is not being requested as part of a CBT. Therefore, the medical record does not document the medical necessity for biofeedback.

**Chiropractic care x 16 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

**Decision rationale:** The California Chronic Pain MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended. In this case, 16 visits have initially been requested. This exceeds the recommendation of 6 initial visits. Therefore, the record does not document the medical necessity for 16 chiropractic sessions as requested.