

<b>Case Number:</b>	CM14-0035048		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/03/2014
<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 Psychiatry 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 40y/o male injured worker with date of injury 6/26/12. Per progress report dated 2/3/14, the injured worker related pain in the lower back, head, and left leg rated at 7/10. He reported feelings of sadness, fatigue, low self-esteem, apathy, sense of hopelessness, loss of pleasure including participating in usual activities, social avoidance, a lack of motivation, loss of interest in sex, sleep disturbance, appetite changes, feelings of emptiness, crying episodes, and denied suicidal ideation. He tried to hang himself in 12/2013, but reported not feeling suicidal not and able to contract for safety. The clinical observation reported that the patient exhibited a flat affect. In terms of anxiety based symptoms, the patient reported experiencing feelings of insecurity, health worries, visual recollections of the accident, flashbacks, ruminations and recurrent thoughts about the incident, nightmares and fears related to the accident. Treatment to date has included psychological treatment with [REDACTED], Psy.D. and 6 sessions of cognitive behavioral therapy. The patient was taking Hydrocodone since 11/2013, Fluoxetine, Vicodin, Lyrca, Risperidone and was using Terocin Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback therapy 4-6 treatment sessions 1 xtime per week or every other week over 2 months:** Overturned

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

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

**Decision rationale:** The MTUS states that 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 pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. The guidelines state that biofeedback is recommended as an option in a CBT program therefore, the request is medically necessary.