MAXIMUS Federal Services

Case Number:	CM14-0043562		
Date Assigned:	07/02/2014	Date of Injury:	12/26/2003
Decision Date:	07/31/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/10/2014

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 Illinois. 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 55-year-old female who reported an injury on 12/26/2003 from an unknown mechanism. The injured worker has a history of cervical pain. Upon examination on 12/02/2013, the injured worker stated she has not worked since her injury on 12/26/2003. She is status post cervical fusion on 06/04/2010. The injured worker has a history of pain in her neck on her right shoulder, right knee, and her back. The pain was rated at 4/10 to 5/10. Due to the injury, the injured worker reports her activity of daily living as negatively impacted. The injured worker also complains of depression. The injured worker reported continuous sadness, fatigue, low self-esteem, empathy, a sense of hopelessness, a loss of pleasure in participating in usual activities, social avoidance, lack of motivation, loss of interest in sex, suicide intentions, feelings of emptiness, and crying episodes. In terms of anxiety, the injured worker continued symptoms of nervousness, numbness, heart palpations, a sense of dread or doom, feelings of insecurity, health worries, social apprehension- especially in crowds. The injured worker has issues where she cannot remember things well due to her pain. The injured worker also has interpersonal issues revealing irritable around others, feeling insecure, and feeling alone and isolated. The Beck Depression Inventory the injured worker opting the score of 22 therefore placing her in a moderate range of clinical depression. On the Beck Anxiety Inventory, the injured worker scored a 21 that measured the severity of itself reported anxiety. The injured worker obtained a score of 20 which is suggestive of moderately anxious state. The injured worker received the raw score of 18 on the pain catastrophizing scale. The diagnoses were major depressive disorder, anxiety disorder NOS, pain disorder, and sleep dysfunction. Medications included Butrans, Prozac, tramadol, and Cymbalta. There is also use of transdermal maintenance. The injured worker has diagnoses of postlaminectomy cervical pain syndrome with right C5-6 radiculopathy and neuropathic pain; chronic pain syndrome secondary to trauma and surgery; chronic right

shoulder and postoperative right knee pain; insomnia and mood disturbance secondary to chronic pain; myofascial pain of the cervical and lumbar spine; thyroid nodule; weight gain; and chronic post-traumatic pulse surgical pain. The treatment request is for biofeedback x6 sessions over 2 months. The request for authorization form was not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback x 6 Sessions Over 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM (2008) Chronic pain. Occupational Medicien Practice Guidelines, 2nd ed; page 319-320. And Cognitive behavioral therapy (CBT) Page(s): 24.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state 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. The available evidence does not clearly show whether biofeedback's effects exceed nonspecific placebo effects. It is also unclear whether biofeedback adds to the effectiveness of relaxation training alone. The injured worker has not worked since 2003. The surgical evaluation revealed impression of the major depression disorder, sleep disorder, and pain disorder. The clinical indication of effectiveness could not be established. The psychological evaluation does not establish a basis for intervention. As such, the request for biofeedback is not medically necessary.