MAXIMUS Federal Services

Case Number:	CM14-0065256		
Date Assigned:	07/11/2014	Date of Injury:	10/01/1993
Decision Date:	10/02/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/08/2014

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 licensed in Psychologist and is licensed to practice in Utah. 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 is a 60 year-old male with a 10/1/93 date of injury. The patient was seen on 5/12/14 with complaints of increasing pain in the neck with radiation down the upper extremities, as well as pain in the L spine with radiation to the feet and loss of urinary control. His pain is a 7-10/10. Exam finings revealed pain on flexion and extension of the L spine. as well as decreased sensation and strength at L4-S1 with an antalgic gait and positive straight leg raise. The patient has difficulties performing ADL'S and requires assistance. The diagnosis is lumbar radiculopathy, and depression. A referral to a spine surgeon was requested. He was seen again on 7/7/14 with similar complaints. Treatment to date: L4/5 laminectomy, medications, home health care. An adverse determination was received on 5/2/14 given the patient will be seeing a spine surgeon for his pain and biofeedback is not recommended as a stand-alone treatment. In addition, there was no documentation to support that the patient is utilizing the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback by behavioral health provider: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. However, there are no prior notes documenting biofeedback therapy and its efficacy in this patient. In addition, he has disabling symptoms and was approved to see a spine surgeon, hence it is unclear what biofeedback therapy would provide at this time in terms of pain management. Therefore, the request for biofeedback by a behavioral health provider is not medically necessary.