

<b>Case Number:</b>	CM14-0071356		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/17/2014

### 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 Occupational Medicine 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:

The injured worker is a male with date of injury of 7/12/2012. Per handwritten primary treating physician's progress report dated 5/7/2014, the injured worker is in wheel chair and reports feeling worse with right leg symptoms. Right thigh has pain, stiffness and weakness. Right knee has pain and stiffness. On examination the right leg is worse. The right thigh and right knee have positive findings. There is decreased range of motion and decreased strength. The diagnoses include sprain/strain knee and leg, and enthesopathy of knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Biofeedback:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines do not recommend biofeedback as a stand-alone treatment, but recommend as an option in a cognitive behavioral therapy 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. It is recommended to screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks. The requesting physician does not provide a discussion or rationale for this request. The injured worker is being referred for psychotherapy. The recommendations from the MTUS Guidelines are that biofeedback is considered after initiating cognitive behavioral therapy. The injured worker may benefit from biofeedback exercises, but this request appears to be premature as cognitive behavioral therapy should be initiated prior to considering biofeedback. The requesting physician also has not addressed the suitability of this treatment method for this injured worker, so medical necessity has not been established. The request for one (1) Biofeedback is determined to not be medically necessary.