

Case Number:	CM14-0073181		
Date Assigned:	07/16/2014	Date of Injury:	01/22/2003
Decision Date:	09/18/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 69 year-old- male with a 1/22/03 date of injury, when he was pulling buckets of paint and felt a pop over his lower back. The patient refused surgical consultation and injections. The patient was seen on 12/10/13 with complaints of moderately severe constant sharp, burning pain with numbness and tingling into the right lower extremity. He used a cane for ambulation and stated that the pain had stopped him from going to work and performing activities of daily living (ADLs). Exam findings revealed that the patient had difficulties arising from a seated position was not able to squat and perform heel or toe walk. Straight leg raise was negative in a seated position at 90 degrees and there was tenderness over the lumbar spine between L1 and L5 right paravertebral muscles and right sacroiliac joint with decreased sensation over right L4-L5. The psychological evaluation dated 01/03/14 stated that the patient complained of moderately severe, constant pain with no typical pattern and numbness and tingling into the right lower extremity. The patient stated that his pain affected negatively his ability to perform ADLs and he had been avoiding physical activity due to pain. As a result of his chronic pain he developed psychosocial sequelae that have limited his function and recovery, including anxiety, fear-avoidance, depression and sleep disorders. The comprehensive psychological evaluation was recommended. The previous reviewers note dated 4/23/14 indicated that the patient underwent psychological evaluation on 3/27/14 and complained of feeling fatigue, boredom, and loneliness and decreased interest in social activities. He also reported 1-2 panic attacks over the prior 10 years and decreased concentration. The diagnosis is lumbar degenerative disk disease. Treatment to date: medications, physical therapy, chiropractic treatment, traction, heat patch. An adverse determination was received on 4/23/14 given that the patient did not have significant psychopathology at the presented time that warranted biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback, 6 sessions, body part L-spine: Upheld

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

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

Decision rationale: CA 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. Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. There is a lack of documentation indication that the patient undergoes CBT or other psychological therapies. Given the patient's injury is more than 10 years ago, it is clear that his pain is chronic and the Guidelines state that effectiveness of biofeedback for treatment of chronic pain is insufficient. Therefore, the request for Biofeedback, 6 sessions, lumbar spine was not medically necessary.