

Case Number:	CM14-0078842		
Date Assigned:	07/18/2014	Date of Injury:	07/13/2012
Decision Date:	08/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 and 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 was a 48-year-old male who reported an injury on 07/13/2012 due to a fall. The injured worker's diagnoses were lumbar strain, degenerative disc disease, myofascial pain syndrome, and contusion bilateral knees. The injured worker's past treatments were physical therapy and biofeedback with 20 sessions completed. The injured worker's diagnostics were electrodiagnostic study dated unknown that revealed bilateral L5 and S1 radiculopathies, MRI of the thoracic and lumbar spine, and radiographs of the bilateral knees. The injured worker complained of pain and symptomatology of the lumbar spine and bilateral lower extremities rating pain at 6/10. Characteristics of pain was a dull, itching, nagging sharp stabbing, stinging, burning, crushing, cutting, pinching, tingling, pulsing, shooting, pressing, cramping and numbness pain. The patient also had pain in his bilateral hands and cervical spine and has been experiencing headaches. According to the cognitive behavioral therapy report dated 05/13/2014, it was noted the injured worker decreased the level of physical tension with the use of biofeedback. It was noted the injured worker did not report any changes in his condition. The injured worker was noted to have stiffness, depressed mood along with anxious, worry and psychomotor agitation, fixation on pain and symptoms as well as problems. It was noted the injured worker had successfully developed and practiced an effective pain/stress management regimen with improvement. The injured worker's medications were Metformin, Tramadol and Tylenol as needed. The provider's treatment plan is ongoing pain management utilizing pharmacy, medication management, and on-going supportive psychotherapy. The injured worker will graduate from walker to crutches and roughly thereafter to a cane. There is also a request for treatment of biofeedback therapy. The request for authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Biofeedback Therapy (1 Session a Month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback, Stress Related Conditions.

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

Decision rationale: According to the California MTUS Guidelines, biofeedback is not recommended as a stand alone treatment but recommended as an option in a cognitive behavioral therapy program to facilitate exercise and return to activity. There is good evidence that biofeedback helps impact muscle strength but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The injured worker complained of pain to the lumbar spine and the lower extremities rating the pain at 6/10 to the upper extremities and 3/10 to 4/10 in the bilateral cervical spine. The injured worker has already completed 20 biofeedback sessions with 20 cognitive behavior therapy with no functional improvement documented. Therefore, additional sessions would not be supported. Also, the request for 12 sessions of biofeedback exceeds guidelines. As such, the request for 12 sessions of biofeedback therapy (1 session a month) is not medically necessary.