

<b>Case Number:</b>	CM14-0096335		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Texas and Oklahoma. 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 75-year-old male who reported an injury on 03/12/2009 due to an unknown mechanism. Diagnoses were spondylosis, lumbosacral, and pain in joint, shoulder. Past treatments reported were acupuncture and physical therapy. Surgical history was 2 right shoulder surgeries. The injured worker had a physical examination on 07/21/2014 with multiple complaints regarding low back pain. The injured worker stated he wished to see a surgeon. The MRI of the lumbar spine revealed L5-S1 broad central 4 mm disc protrusion and moderate bilateral foraminal narrowing. L4-L5 mild central canal (30%) and moderate bilateral foraminal stenosis due to left greater than right facet arthropathy and bulging disc. L3-4 prominent asymmetric right sided disc degeneration and bulging of up to 4 mm on the right causing marked right lateral recess and foraminal stenosis. The L2-3 revealed moderate bilateral foraminal stenosis due to bulging disc. There was mild levoscoliosis, and several large bilateral renal cysts. Medications were capsaicin 0.075% cream, mirtazapine 15 mg, Celebrex 200 mg, allopurinol 300 mg, Crestor 10 mg, Micardis 80 mg and Nexium 10 mg. Treatment plan was for a surgical consultation and medications as directed. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stabilizer pressure biofeedback device, low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/17084119>, Arch Physical Medicine Rehabilitation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The California Medical Treatment Utilization Schedule, ACOEM and ODG do not address this request. Other Guidelines Protherapy Supplies:  
<http://www.protherapysupplies.com/Shop-By-Category/Biofeedback-and-Accessories>.

**Decision rationale:** The request for stabilizer pressure biofeedback device, low back, is non-certified. The stabilizer pressure biofeedback is a simple device used to provide feedback to ensure quality and precision in exercise performance in testing. In the rehabilitation center, the stabilizer monitors the position of the low back or cervical spine during muscle testing to determine if the patient is able to selectively isolate their cervical or lumbopelvic core stabilization muscles. When used during exercise, the stabilizer provides a patient feedback as to when they have isolated and are maintaining a contraction of either the cervical or lumbopelvic core stability muscles. The stabilizer is simple enough to use during a home exercise program by providing sensitive feedback on the positional changes of the lower back, while performing back exercise. It may help prevent exercise induced sprain/strain of the lumbopelvic region of the low back and keep the patient aware of lumbopelvic region. The cost of this device is anywhere between 70 dollars and 100 dollars. The California Medical Treatment Utilization Schedule, ACOEM and ODG do not address this request. There was no rationale for the medical necessity of this device reported. There were no evidence based guidelines or literature to support the use of this device. Therefore, the request is not medically necessary.