

<b>Case Number:</b>	CM14-0163800		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 a licensed Psychologist (PHD, PSYD) 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 (IW) is a 34 year-old female (██████████) with a date of injury of 3/30/2013. The IW sustained injury to her back when it was twisted as she took out a pizza and placed it onto the counter. The IW sustained this injury while working for ██████████. In his 8/13/14 PR-2 report, ██████████ diagnosed the IW with: (1) Sprain/strain - lumbar; (2) Thoracic/lumbosacral neuritis/radiculitis, unspecified; and (3) Sciatica. Additionally, in his "Pain Medicine Followup" dated 9/12/14, ██████████ diagnosed the IW with: (1) Lumbar disc degeneration; (2) Lumbar radiculopathy; and (3) Lumbar facet syndrome. The IW was treated for her orthopedic injury with medications, aqua therapy, epidural injections, and physical therapy. It is also reported that the IW developed psychiatric symptoms of depression and anxiety secondary to her work-related orthopedic injury and pain. In her PR-2 report dated 9/26/14, treating Psychologist, ██████████, diagnosed the IW with: (1) Generalized anxiety disorder; and (2) Pain disorder. The IW has been receiving both individual psychotherapy and biofeedback services from ██████████. The request under review is for additional biofeedback sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback sessions, 1 times per month for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Biofeedback Therapy Guidelines

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

**Decision rationale:** The CA MTUS guideline regarding the use of biofeedback will be used as reference for this case. Based on the review of the medical records, the IW has continued to experience pain since her injury in March 2013. She has also been experiencing psychiatric symptoms of anxiety secondary to her work-related orthopedic injury and pain. She has been treating with the Psychologist, and has been receiving individual psychotherapy and biofeedback. There are two sets of PR-2 reports with BDI and BAI test data dated 8/15/14 and 9/26/14 included for review. There is very little information offered indicating the objective functional improvements that are being made as a result of the IW's participation in therapy and biofeedback. It is also unclear as to how many sessions of both individual psychotherapy and biofeedback have been completed to date. The CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 6 weeks" may be needed. Without more information about the IW's prior psychotherapy/biofeedback services and responses to those services, the need for additional biofeedback cannot be fully determined. As a result, the request for Biofeedback sessions, 1 times per month for 3 months is not medically necessary.