MAXIMUS Federal Services

Case Number:	CM14-0202793		
Date Assigned:	12/15/2014	Date of Injury:	07/08/2010
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 43 year old male with an injury date of 07/08/10.Based on 09/10/14 progress report, the patient is status post removal of internal fixation of the first metatarsophalangeal joint in the left foot. Physical examination reveals mild numbness and slight pain in the left foot. As per progress report dated 08/13/14, the patient is status post removal of internal fixation of hallux. Physical examination reveals pain due to sutures. As per progress report dated 07/16/14 (prior to the surgery), the patient is ambulating with full weight bearing status. He has difficulty with internal fixation, squatting, crouching, toe walking, and toe standing. In the past, the patient has also undergone left foot great toe surgery and osteotomy, pin removal, implant removal, and great toe fusion surgery of the right foot, as per progress report dated 07/08/14. As per QME report dated 06/24/14, the patient is suffering from pinching or squeezing type lower back pain with intermittent locking sensation. He complains of similar pain in the left foot as well. Physical examination reveals tenderness to palpation in the left arch region along with decreased range of motion. The patient is receiving physical therapy for his left foot, as per orthopedic report dated 09/10/14. Medications, as per progress report dated 07/08/14, include Tramadol, Omeprazole and Ibuprofen. X-ray of the Left Foot, 10/10/14:- Tubular lucencies in the mid to distal aspect of the first metatarsal bone- Tubular lucencies in the proximal to mid aspect of the first proximal phalanx- Narrowing of the medial fusion of the first metatarsophalangeal joint- Medium sized plantar calcaneal heel enthesophyteMRI of the Lumbar Spine, 10/21/14:- Disc desiccation at L2-3 down to L4-5 - Degenerative retrolisthesis of L4 on L5- Broad-based disc herniation abutting the thecal sac with concurrent bilateral facet degenerative change at L2-3 and L3-4- Broad-based disc herniation abutting the thecal sac with concurrent bilateral facet degenerative change at L4-5 causing narrowing of bilateral lateral recessDiagnoses, 09/10/14:- Status post removal of

internal fixation- Fusion of the first metatarsophalangeal joint.The treater is requesting for EIGHT SESSIONS OF BIOFEEDBACK. The utilization review determination being challenged is dated 11/18/14. Treatment reports were provided from 06/24/14 - 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Sessions of Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions,Chronic Pain Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 10/30/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Pain (Chronic), Biofeedback

Decision rationale: The patient is status post removal of internal fixation of the first metatarsophalangeal joint in the left foot, as per progress report dated 09/10/14, and status post removal of internal fixation of hallux, as per report dated 08/13/14. The request is for EIGHT SESSIONS OF BIOFEEDBACK.ODG Guidelines, chapter 'Pain (Chronic)' and Title 'Biofeedback', states that "Not recommended. EMG biofeedback has been used as part of a behavioral treatment program, with the assumption that the ability to reduce muscle tension will be improved through feedback of data regarding degree of muscle tension to the subject. 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." In addition, ODG states that an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement up to 6 to 10 visits over 5 to 6 weeks is recommended. A review of the available reports does not indicate prior biofeedback therapy. The reports do not discuss any psychological distress and the present need for biofeedback therapy. However, one of the progress reports, dated 02/10/11, reviewed in the QME indicates that the patient is suffering from generalized anxiety disorder and major depressive disorder. The treater in that report requests of biofeedback therapy. No other relatively newer requests could be found. While an initial trial may be reasonable, the request for eight sessions exceeds what is allowed by ODG guidelines. This request for Eight Sessions of Biofeedback is not medically necessary.