

<b>Case Number:</b>	CM15-0007253		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/12/2009
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### 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 63 year old female, who sustained an industrial injury on 10/12/09. She has reported low back and knees. The diagnoses have included chronic lumbar strain. Treatment to date has included a sacroiliac joint fusion, diagnostic studies, oral medications and physical therapy. On 11/12/14, the injured worker was seen by a pain specialist who noted that only Hydrocodone had been tried to alleviate the pain. The physician started her on Meloxicam and Trazodone. As of the PR2 on 11/6/14, the injured worker reported pain in the buttock that radiates down left leg and swelling in the left knee. The treating physician requested a pain psychologist biofeedback 1x week for 6 weeks, which was also recommended by the pain specialist in light of the chronic nature and multiplicity of the injured workers symptoms. On 1/2/15 Utilization Review non-certified a request for a pain psychologist biofeedback 1x week for 6 weeks. The UR physician cited the MTUS guidelines, specifically that biofeedback is not recommended as a standalone treatment. On 1/13/15, the injured worker submitted an application for IMR for review of a pain psychologist biofeedback 1x week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain psychologist biofeedback 1 x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, biofeedback Page(s): 24-25.

**Decision rationale:** According to the MTUS treatment guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may continue biofeedback exercises at home independently. A request was made for pain psychologist biofeedback one time per week for 6 weeks. Utilization review concluded non-certification recommendation based on the following rationale: the necessity of biofeedback therapy should come from a psychologist upon completion of a formal consultation and evaluation. Occurrence of reactive anxiety and depression is significant with chronic neuromusculoskeletal pain patients especially in patients who undergo major spinal surgery as in this injured worker's case. The claimant so far has not undergone a psychological evaluation a consultation. Surgeon evaluation should be obtained and psychologist should determine the necessity of biofeedback therapy as well as the duration and frequency. In the absence of a psychological evaluation the decision of non-approval is given."Based on the provided medical records, the medical necessity of the requested procedure is not established. There are a number of issues with this request. The treatment guidelines for biofeedback sessions recommend that it not be used as an isolated and single treatment modality but might be recommended in the context of a cognitive behavioral treatment. This request is for biofeedback treatment as a stand-alone intervention. In addition, the guidelines recommend an initial treatment trial of just 3 or 4 sessions to determine if the patient is benefiting from the treatment with additional sessions up to a maximum of 10 total to be offered if patient benefit is documented. This request does not followed that recommended protocol. In addition the patient was injured over 5 years ago. Her prior psychological treatment history if any is unknown. This information be required inorder to dermine if this request is medically reasonable and necessary. Specifically, it would be important to know whether or not she is already received psychological treatment for this injury and if so did it include biofeedback and if so, and how many sessions/duration/outcome were provided. There was insufficient supporting documentation for this request. Because of insufficient supporting documentation of medical necessity based on the documentation provided, the request to overturn the utilization review determination for non-certification is upheld.