

Case Number:	CM15-0140679		
Date Assigned:	07/30/2015	Date of Injury:	04/29/2013
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 57-year-old who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of April 29, 2013. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for 12 sessions of biofeedback therapy. The claims administrator referenced an RFA form dated June 25, 2015 in its determination, along with an associated progress note of June 17, 2015. The MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS ODG Biofeedback Guidelines were invoked in the determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log was surveyed; it appeared the most recent note on file was in fact dated May 20, 2015; thus, it did not appear that the June 17, 2015 progress note which the claims administrator based its decision upon was in fact incorporated into the IMR packet. On said May 20, 2015 progress note, the applicant reported ongoing complaints of knee, low back, and wrist pain. An interferential unit and unspecified medications were endorsed. The applicant had undergone earlier failed knee arthroscopy, it was reported. The applicant also had ancillary complaints of lumbar radiculopathy, it was stated. On February 18, 2015, the applicant's primary treating provider again refilled unspecified medications and suggested that the applicant pursue 12 additional sessions of physical therapy. A rather proscriptive 10-pound lifting limitation was endorsed. It was suggested (but not clearly stated) that the applicant was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines: Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: No, the request for 12 sessions of biofeedback was not medically necessary, medically appropriate, or indicated here. While page 24 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend biofeedback as an option in the cognitive behavioral therapy program to facilitate exercise therapy and return to activity, here, however, there was no mention of the applicant's receiving cognitive behavioral therapy on the most recent progress note on file dated May 20, 2015. It appeared, thus, that biofeedback was being sought on a stand-alone basis to address chronic pain issues and, in particular, chronic low back and knee pain issues. However, page 24 of the MTUS Chronic Pain Medical Treatment Guidelines states that biofeedback should not be employed on a stand-alone basis for chronic pain purposes. Similarly, the MTUS Guideline in ACOEM Chapter 12, table 12-8, page 308 also notes that biofeedback, the article/modality at issue, is deemed "not recommended" for applicants with low back pain complaints, as were/are present here. The attending provider failed to furnish a clear or compelling applicant-specific rationale so as to offset the unfavorable MTUS position(s) in the article at issue. While it is acknowledged that June 17, 2015 progress note on which the article in question was proposed was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.