

Case Number:	CM15-0142986		
Date Assigned:	08/03/2015	Date of Injury:	08/13/1993
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old male who sustained an industrial injury on 8-13-1993. He was working for a roofing company when he was involved in a car accident while driving a company vehicle suffering injuries to the neck and low back. He has reported back and neck pain and has been diagnosed lumbar degenerative disc disease, lumbar facet arthropathy, and postlaminectomy syndrome. Treatment has included medications, surgery, injections, physical therapy, and massage. The low back showed scars on the front and back. Back range of motion was almost a 0. Straight leg raise was positive bilaterally. The treatment plan included medications and follow up with psych. The treatment request included 10 biofeedback therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Biofeedback therapy sessions: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Biofeedback Topic.

Decision rationale: In the case of this injured worker, there has been documentation of significant depression, anxiety, and psychological distress associated with the work-related injury. However, the Official Disability Guidelines recommend a trial of 3-4 sessions of biofeedback in conjunction with cognitive behavior therapy. Unfortunately, there is no provision to modify the current request to allow for a trial. Therefore, this request is not medically necessary.