Case Number:	CM15-0163218		
Date Assigned:	08/31/2015	Date of Injury:	04/13/1992
Decision Date:	10/05/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/19/2015

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 62 year old male, who sustained an industrial injury on 4-13-92. The injured worker has complaints of low back pain and right lower greater than left lower extremity pain. The documentation noted that the injured worker remains symptomatic with bowel and bladder dysfunction as well as sexual dysfunction. The documentation noted that the injured worker has bilateral cervical paraspinous tenderness with positive Spurlings bilaterally. The lumbar spine examination revealed mild-to-moderate diffuse myofascial tenderness from L3 to L1 and decrease lumbar lordosis. The injured worker has positive straight leg raise at 40 degrees bilaterally and tender to palpation overt eh medial and lateral joint line of both knees. The diagnoses have included chronic and persistent neck and low back pain; cervical and lumbar spine strain and sprain; lumbar spondylosis with radiculopathy and multilevel lumbar neuroforaminal stenosis with compression of exiting L2 through L5 nerve roots. Treatment to date has included oxycodone; oxycontin; opana ER; cialis; right knee surgery times three; right shoulder surgery; right elbow surgery and physical therapy. The request was for 6 biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Biofeedback sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in 1992. He was also treated for approximately 11 years from 2002 through 2013 for psychiatric symptoms related to his work-related injuries. In a 6/26/15 report, [redacted] reported an exacerbation in symptoms since the injured worker completed therapy in 2013. She recommended resuming psychotherapy as well as conducting biofeedback sessions for an initial 6 sessions. The request under review, for 6 biofeedback sessions, is based upon this recommendation. In the treatment of chronic pain, the CA MTUS recommends the use of biofeedback. It recommends that biofeedback be used in conjunction with CBT for an initial 3-4 visits and with evidence of objective functional improvement, a total of 6-10 sessions may be utilized. Given this guideline, the request for an initial 6 sessions exceeds the number of initial sessions. Additionally, it does not appear that CBT sessions have been authorized to be completed in conjunction with the requested biofeedback sessions. As a result, the request for an initial 6 biofeedback sessions is not medically necessary.