

Case Number:	CM15-0184426		
Date Assigned:	09/24/2015	Date of Injury:	07/27/2011
Decision Date:	11/02/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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 50 year old female, who sustained an industrial injury on July 27, 2011. She reported injury to her back, neck, shoulders, upper extremities, lower extremities and left knee. The injured worker was currently diagnosed as having multilevel cervical degenerative disc disease, multilevel lumbar degenerative disc disease, bilateral upper extremity pain uncertain etiology and bilateral lower extremity pain. Treatment to date has included diagnostic studies, evaluations and medications. On July 28, 2015, physical examination revealed the injured worker was in "moderate distress." There was diffuse tenderness in the posterior cervical musculature with limited range of motion. There was diffuse numbness in both hands and diffuse tenderness in her thoracolumbar spine with limited range of motion. She also had limited range of motion in the shoulders, elbows, wrists and small joints of the hands. The treatment plan included a comprehensive biofeedback program with neurological and neuropsychiatric support, ongoing rheumatological treatment and a physical therapy program. On August 24, 2015, utilization review denied a request for comprehensive biofeedback program with neurological and neuropsychiatric support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive biofeedback program with neurological and neuropsychiatric support:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Biofeedback.

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 a "comprehensive biofeedback program with neurological and neuropsychiatric support"; the request was non-certified by utilization review. This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully considered for this IMR, they included approximately 170 pages of clinical documents and utilization review communications. The medical necessity of this request is not established by the provided documentation for the following reasons: there is no specification of the quantity of treatment sessions being requested. All requests for psychological treatment reaching the IMR level, which is an all-or-none decision not subject to modification, must contain a treatment session quantity or else it is considered to be unlimited and open-ended. The medical necessity for unlimited and open-ended course of biofeedback treatment is not indicated as medically necessary. In addition, it is not known whether or not the patient has received any prior biofeedback treatment. No clinical psychological treatment progress notes from her cognitive behavioral therapy sessions, which were noted to have occurred, were provided for consideration. According to the MTUS guidelines for biofeedback treatment, biofeedback treatment should not be provided as a stand-alone treatment modality but should be used within the context of a ongoing cognitive behavioral therapy program. It is not clear whether or not she is currently or was at the time of this request participating in a cognitive behavioral therapy program. The medical necessity of this request is not established for these reasons and therefore the utilization review decision is upheld; the request is not medically necessary.