

<b>Case Number:</b>	CM15-0025421		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	01/19/2009
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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

### 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 53 year old male, who sustained an industrial injury on 1/19/09. He has reported back injury. The diagnoses have included depression, post-lumbar lami syndrome, muscle spasms and lumbar/sacral radiculopathy. Treatment to date has included spinal fusion, pain management and psychotherapy. Currently, the injured worker complains of increasing depression and continuing back pain. On physical exam dated 11/21/14 it is noted he has mild tenderness to palpation of lumbar paraspinous muscles. On 1/6/15 Utilization Review non-certified biofeedback x 6, noting it is not recommended as a standalone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to normal activity. The MTUS, ACOEM Guidelines and ODG were cited. On 2/3/15, the injured worker submitted an application for IMR for review of biofeedback x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Chapter 15, Stress-related Conditions, BEHAVIORAL TECHNIQUES, pages 400-401.

**Decision rationale:** It is unclear how many biofeedback sessions have been completed or if treatment is concurrent with Cognitive Behavioral Therapy (CBT). Per Guidelines, Biofeedback is not suggested as a stand-alone therapy, but may be incorporated after an adequate trial of CBT, not demonstrated here. The CBT must first show functional improvements and the necessity of the biofeedback as appropriate in order to deal better with the pain, improve functionality, and decrease medications; however, this has not been adequately demonstrated in the submitted reports as the patient's function remains unchanged with overall daily activities without decrease in pharmacological dosages, medical utilization, without progress or change in functional status post treatment already rendered. Medical necessity for Biofeedback has not been established and guidelines criteria are not met. The Biofeedback X 6 is not medically necessary and appropriate.