

Case Number:	CM15-0027850		
Date Assigned:	02/20/2015	Date of Injury:	10/31/2011
Decision Date:	04/06/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 45 year old female, who sustained an industrial injury on October 31, 2011. The diagnoses have included complex regional pain syndrome and depression related to chronic pain. Treatment to date has included acupuncture, medication, neurofeedback therapy and physical therapy. Currently, the injured worker complains of generalized body pain and worsening pain in the upper extremities and lower extremities. She rates her pain a 5 on a 10-point scale. She reports improvement with acupuncture therapy and her neurofeedback sessions. On January 24, 2015 Utilization Review modified a request for sixteen neurofeedback therapy sessions, noting that the guidelines recommend neurofeedback in conjunction with cognitive behavioral therapy and recommend therapy for up to six to ten visits over a five-six week period. The California Medical Treatment Utilization Schedule was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of sixteen neurofeedback therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 neurofeedback therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines-Biofeedback.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Biofeedback <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, biofeedback: "Not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic low back pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. As with yoga, since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. There is conflicting evidence on the effectiveness of biofeedback for treating patients with chronic low back problems. See the Pain Chapter for more information and references, as well as ODG biofeedback therapy guidelines. (van Tulder, 1997) (Bigos, 1999)" There is no documentation that the patient is candidate for CBT program. Although the patient reported some pain improvement with previous biofeedback sessions, there is no documentation of objective pain and functional improvement. Therefore, the request is not medically necessary.