

Case Number:	CM15-0036430		
Date Assigned:	03/04/2015	Date of Injury:	07/13/2012
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/26/2015

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 48 year old male who sustained a work related injury to his back and knees when he tripped and fell on a cord on July 13, 2012. The injured worker was diagnosed with neck sprain, lumbosacral sprain, lumbar sprain, lumbago, contusion of the knee, shoulder and upper arm sprain, somatic symptom disorder resulting in an inability to walk, major depressive disorder, coping deficits and maladaptive health behaviors. According to the Cognitive Behavioral Therapy (CBT) progress report on February 3, 2015, the patient was on his 44th session of Cognitive Behavioral Therapy (CBT) and 44th session of biofeedback with improvement noted. The injured worker continues to experience low back pain radiating to the bilateral lower extremities and hip. He experiences severe lower extremity weakness and bilateral knee pain. According to the medical report, the injured worker is decreasing his Tylenol and Tramadol usage on a daily basis by incorporating the strategies learned consistently and effectively. The injured worker has improved his functional coping abilities and reports an increase in energy, motivation and optimism by practicing his cognitive behavioral strategies along with his pain/stress management regimen. Overall pain level was reported as decreased with an increase in low back pain due to increased walking and stair climbing. Current medications are listed as Tramadol, Tylenol and Etodolac. Treatment modalities consist of physical therapy, facet injections, epidural steroid injection (ESI), transcutaneous electrical nerve stimulation (TEN's) unit, Cognitive Behavioral Therapy (CBT), biofeedback and a home based rehabilitation and exercise program. The treating physician requested authorization for 12 Biofeedback therapy sessions. On February 19, 2015 the Utilization Review denied certification

for 12 Biofeedback therapy sessions. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Biofeedback therapy sessions: Upheld

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

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. There is no objective documentation of pain and functional improvement with previous biofeedback sessions, there is no documentation of objective pain and functional improvement. Therefore, the request is not medically necessary.