

<b>Case Number:</b>	CM15-0037598		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Internal 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 38-year-old male, who sustained an industrial injury on September 7, 2012. He has reported injury of the left ankle. The diagnoses have included enthesopathy of ankle and tarsus, and ankle sprain/strain. Treatment to date has included ankle surgery, and medications. Currently, the IW complains of continued pain of the left ankle. The records indicate there have been no changes in symptomology. On January 27, 2015, Utilization Review non-certified biofeedback x1. The MTUS, Chronic Pain guidelines were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of biofeedback x1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback x1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Pages 24-25.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses biofeedback. Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program. Biofeedback may be approved if it facilitates entry into a CBT treatment program. The progress report dated 1/14/15 did not document that the patient was participating in a cognitive behavioral therapy (CBT) program, which is an MTUS requirement. Because the patient is not participating in a cognitive behavioral therapy (CBT) program, the request for biofeedback, which is not recommended as a stand-alone treatment, is not supported by MTUS guidelines. Therefore, the request for biofeedback is not medically necessary.