

<b>Case Number:</b>	CM15-0048514		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/17/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57 year old male injured worker suffered an industrial injury on 11/17/2003. The diagnoses were left sacroilitis, failed low back surgery syndrome, lumbar fusion, adjustment disorder with mixed anxiety, depressed mood and primary insomnia. The diagnostics included psychological evaluation for implantation of spinal cord stimulator. The injured worker had been treated with pain medications and biofeedback therapy. On 1/20/2015, the treating provider reported that a psychological evaluation was performed in anticipation of spinal cord stimulator for persistent back pain. There were subjective complaints of irritability, anxiety, frustration, agitation, noncompliance and reluctance to utilize multiple medications for symptoms management. The injured worker felt the biofeedback sessions were beneficial. The treatment plan included Biofeedback sessions and continued medications management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4-6 Biofeedback sessions (2 of 2):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that comprehensive treatment of psychosomatic disorders is necessary for the management of chronic pain syndrome. The presence of uncontrolled psychiatric disorders is associated with increased incidence of non-compliant, medications abuse and diversion as well as decreased efficacy to interventional pain procedures. The records indicate that there was significant symptomatic improvement following the psychological evaluation, counseling and biofeedback treatments. The criteria for 4-6 Biofeedback sessions (2 of 2) was met. The request is medically necessary.