

Case Number:	CM15-0057737		
Date Assigned:	04/02/2015	Date of Injury:	12/26/2012
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/26/2015

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: California

Certification(s)/Specialty: Psychologist

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(n) 49-year-old female, who sustained an industrial injury on 12/26/12. She reported pain in the lower back and right ankle due to repetitive stress. The injured worker was diagnosed as having lumbar radiculopathy, right ankle sprain and anxiety and depression. Treatment to date has included physical therapy, chiropractic treatments and pain medications. As of the PR2 dated 1/2/15, the injured worker reports 8/10 pain in the lumbar spine, 7/10 pain in the right ankle and loss of sleep due to pain. The treating physician stated that the injured worker suffers from depression, anxiety and irritability. The treating physician requested biofeedback x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines, Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Page(s): 24-25.

Decision rationale: Citations Summary: According to the MTUS treatment, guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. The provided medical records reflect that the patient has received to date 12 chiropractic visits, 24 physical therapy visits and to acupuncture sessions. The patient is reporting continued poor sleep, anxiety, depression, irritability, and nervousness. The MTUS guidelines specifically mentioned that biofeedback is not recommended as a stand-alone treatment but can be an option within a cognitive behavioral therapy program to facilitate therapy and a return to activity. There was no clear rationale provided by the requesting physician/therapist as to why this particular procedure is being recommended at this time. Although on some occasions, the use of biofeedback can be acceptable as a stand-alone procedure there is no explanation of why an exception should be made in this case nor was there any clear discussion of why this is being requested. The patient does appear to have ongoing symptoms of depression irritability nervousness and poor sleep as well as chronic pain but a comprehensive treatment plan for the patient's psychological care should proceed the onset of the start of a new treatment program in this case. Because is no clearly stated rationale for why this treatment is being requested, including which biofeedback treatment modalities would be used, and on what locations, and with what the expected outcome is, the medical necessity of the request was not established and therefore the utilization review determination for non-certification is upheld. This is not to say that the patient does or does not need the requested treatment only that the provided documentation did not provide sufficient evidence of the medical necessity of the request.