

Case Number:	CM15-0060766		
Date Assigned:	04/07/2015	Date of Injury:	10/22/2012
Decision Date:	05/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 46-year-old male, who sustained a work/ industrial injury on 10/22/12. He has reported initial symptoms of sharp severe pain to the back. The injured worker was diagnosed as having lumbar sprain/strain; left facet arthropathy at L4-5 and L5-S1. Treatments to date included medication, home exercises, lumbar support, work modification, physical therapy, acupuncture, diagnostics, and chiropractic care. Magnetic Resonance Imaging (MRI) was performed on 2/2013 and 6/4/14. Currently, the injured worker complains of left buttock and lower back pain, depression, and stressed. The treating primary treating physician requested treatment plan to include biofeedback therapy, Lower & Upper Back Area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Therapy, Lower & Upper Back Area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback, Behavioral Interventions Page(s): 24-25, 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Biofeedback.

Decision rationale: The claimant sustained a work-related injury in October 2012 and continues to be treated for low back and left buttock pain. Biofeedback is not recommended as a standalone treatment, but recommended as an option in a cognitive behavioral therapy with an initial trial of 3 - 4 psychotherapy visits over 2 weeks. In this case, the number of treatments requested (7) is in excess of that recommended and therefore not medically necessary.