

Case Number:	CM15-0060894		
Date Assigned:	04/07/2015	Date of Injury:	03/14/2003
Decision Date:	05/06/2015	UR Denial Date:	03/09/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on March 14, 2003. The injured worker was diagnosed as having lower leg pain in joint, long term use of medications, and therapeutic drug monitoring. Treatment to date has included biofeedback, left knee meniscus repair 2003, left knee fat pad resection 2004, left knee lateral release 2005, left knee MRI, cognitive behavioral therapy, physical therapy, and medication. Currently, the injured worker complains of left knee pain. The Treating Physician's report dated February 19, 2015, noted the injured worker complained of worsening left knee pain over the previous year. A MRI was noted to reveal abnormal findings for the lateral meniscus. Biofeedback and psychology treatment had been recommended to help with the injured worker's pain before discussing surgical options. The injured worker reported tripping on a mat at work, causing a flare up of her pain. The injured worker was reported to have completed two sessions of biofeedback, with the therapist recommending four additional sessions to complete a set of six initial visits. The injured worker's current medications were listed as a Lidoderm patch, Ambien, Norco, Morphine Sulfate ER, and Motrin. The treatment plan was noted to include a request for authorization for four additional sessions of biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Therapy Qty 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, biofeedback.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG, biofeedback can be useful in patients who have been screened for delayed recovery and are motivated to work in a self-driven program. Initially only 3-4 sessions over 2 weeks are recommended. If improvement is objectively noted, then a total of 6-10 sessions over 5-6 weeks may be considered before transition to home biofeedback. The request is for 4 sessions. This is within guideline criteria and thus is approved.