

Case Number:	CM15-0084278		
Date Assigned:	05/06/2015	Date of Injury:	09/16/2013
Decision Date:	07/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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, Indiana, New York
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 43-year-old male, who sustained an industrial injury on September 16, 2013 while working as a truck driver. The mechanism of injury was a motor vehicle accident. The injured worker has been treated for neck, chest, back and knee complaints. The diagnoses have included lumbago, cervical disc protrusion, lumbar annular tear, lumbar disc protrusion, lumbar stenosis, thoracic strain, right knee medial meniscus tear, chest pain, status post sternal fracture, psychogenic pain and depression. Treatment to date has included medications, radiological studies, MRI, acupuncture treatments, psychological evaluation and chiropractic care. Current documentation dated April 7, 2015 notes that the injured worker reported burning neck radiating of the lumbar spine. He also noted lumbar spine pain with radiation to the right knee and foot with associated weakness, numbness and tingling and chest pain. Examination of the cervical spine, lumbar spine and right knee revealed tenderness and a painful and decreased rule out. The treating physician's plan of care included a request for eight to twelve biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Biofeedback Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

Decision rationale: Pursuant to the ACOEM, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, biofeedback #12 sessions is not medically necessary. Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. Biofeedback may be approved if it facilitates entry into a CBT treatment program. The guideline whilst feedback therapy guidelines include screen patients with risk factors for delayed recovery as well as motivation to comply with a treatment regimen that requires self-discipline; initial therapy for at risk patients should be physical therapy, exercise instruction using a cognitive motivational approach to physical therapy; consider biofeedback referral in conjunction with CBT after four weeks with an initial trial of 3-4 psychotherapy visits over two weeks; and with evidence of objective functional improvement total of up to 6 - 10 visits over 5-6 weeks may be appropriate. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are psych diagnoses; cervical disc protrusion; lumbar annular tear; lumbar disc protrusion; lumbar stenosis; right knee medial meniscus tear; and chest pain. The injured worker had a psychology evaluation June 12, 2014. The treating orthopedist submitted the request for authorization for 12 stand-alone biofeedback sessions. Biofeedback is not recommended as a stand-alone treatment. Biofeedback is recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. Additionally, according to the ACOEM, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as biofeedback. Consequently, absent clinical documentation supporting guideline recommendations (Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines) and ACOEM guidelines non-recommendations supporting biofeedback, biofeedback #12 sessions is not medically necessary.