

Case Number:	CM13-0065531		
Date Assigned:	01/03/2014	Date of Injury:	04/17/2009
Decision Date:	06/17/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has submitted a claim for back pain with an industrial injury date of April 17, 2009. Treatment to date has included; medications, aquatic therapy, epidural injection, lumbar decompression and fusion surgery, and revision fusion surgery. Utilization review from November 22, 2013, denied the request for biofeedback therapy for six (6) sessions because the patient had neither been assessed nor treated for depression. An appeal for biofeedback therapy for 6 sessions dated December 6, 2013 was also denied because an initial screening for risk factors for delayed recovery and motivation to comply was not done. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of back pain and radicular symptoms, more pronounced during periods of sustained inactivity and more tolerated with movements. He also reported a giving way sensation of the lower extremity while walking that at times caused him to trip and almost fall. On physical examination, the patient did not wear any brace or supports. There was no foot drop on gait evaluation. He had difficulty rising from a seated posture. He was oriented and responsive to questions, but his demeanor was depressed and somber. He stood with a forward stooped posture. He could not perform heel walking without support due to pain. Lumbar spine range of motion was moderately restricted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF BIOFEEDBACK THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Biofeedback Page(s): 24.

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

Decision rationale: According to the Chronic Pain Guidelines, biofeedback is not recommended as a stand-alone treatment but as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. In this case, although it was mentioned that the patient appeared depressed, the medical records submitted for review, did not include a current psychological history indicating the need for such services. Due to insufficient current documentation, the request for six (6) sessions of biofeedback therapy is not medically necessary.