

Case Number:	CM14-0116868		
Date Assigned:	08/04/2014	Date of Injury:	03/30/2013
Decision Date:	09/19/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 Board Certified in Psychology and is licensed to practice in Texas. 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 injured worker is a 34-year-old female who reported an injury on 03/30/2013; while taking a pizza out of the oven and placing the pizza on the counter, she twisted her back to the right. The injured worker felt an immediate sharp stabbing pain to her left lower back region. Diagnoses were lumbar disc degeneration, lumbar radiculopathy, and lumbar facet syndrome. Diagnostic studies were x-rays, MRI of the lumbosacral spine that revealed severe disc degeneration at the L5-S1 with central exterior/posterior disc fragment causing neural foraminal stenosis and moderate degenerative facet arthritis. Also, there was an EMG that stated that the study does not reveal evidence of lumbar radiculopathy in the lower extremity muscles that were tested, as there was no evidence of denervation or re-innervation potentials. There was no evidence of nerve entrapment or generalized peripheral neuropathy in the lower extremity. There was no surgical history reported. There were no subjective complaints reported. Examination of the lumbar spine revealed range of motion was restricted in all planes. Straight leg raise was positive on the left. There was bilateral paraspinal tenderness. Motor testing of the lower extremities on the left ankle dorsiflex L4 there was a 4/5, the ankle plantar flex S1 dermatome on the left a 4/5, knee extension L3, L4 on the left was 4/5, and knee flexion on the left was 4/5. Sensory testing was normal to light touch. The medication was tramadol. The treatment plan was for an epidural steroid injection on the left L4 and L5. Continue home exercise program and medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for Biofeedback is non-certified. The California Medical Treatment Utilization Schedule states 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. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The biofeedback therapy guidelines are to screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these at risk patients should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy. The Guidelines recommend to consider biofeedback referral in conjunction with cognitive behavioral therapy after 4 weeks, an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6 to 10 visits over a 5 to 6 week period (individual sessions). Patients may continue biofeedback exercises at home. There was no mention of a referral to a biofeedback program in the documents submitted. The medical necessity was not provided. Therefore, the request for Biofeedback is non-certified.