

<b>Case Number:</b>	CM14-0122938		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 a licensed Psychologist 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 43-year-old male who reported an injury due to heavy lifting on 09/26/2006. On 06/30/2014, his diagnoses included cervicalgia, radiculitis, and C5-6 HNP with stenosis. In a psychological assessment, his diagnoses included adjustment disorder with mixed anxiety and depressed mood, relational problems, economic problems, occupational problems, and problems related to interaction with the legal system. The recommendations included biofeedback treatment as an option in cognitive behavioral therapy to facilitate exercise therapy and return to activity. A Request for Authorization dated 07/03/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback times 8-10 sessions:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend biofeedback as a standalone treatment, but recommend it as an option in a cognitive behavioral program to

facilitate exercise therapy and return to activity. Evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Although cognitive behavioral therapy was recommended in the psychological assessment, it was not included in this request. Additionally, there was no time frame specified in the request. The clinical information submitted failed to meet the evidence based guidelines for biofeedback. Therefore, this request for Biofeedback times 8-10 sessions is not medically necessary.