

Case Number:	CM14-0180123		
Date Assigned:	11/04/2014	Date of Injury:	06/03/1991
Decision Date:	12/09/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 69 year old female with an injury date of 06/03/91. Per the 08/21/14 report by [REDACTED], the patient presents with constant, burning right knee patella pain and pain in the left elbow along with pain in the left cheek and chin due to a fall in February 2014. Pain is rated 6/10 and the report states the patient is disabled/retired. Examination reveals paraspinal tenderness in the lumbar spine with lumbar facet tenderness L4-S1. Examination of the right shoulder shows limited range of motion due to pain. The patient's diagnoses from the 06/27/14 report include: Chronic pain syndrome, Lower back pain with lumbar and thoracic radiculopathy, Pain in joint shoulder and lower leg, Cervical strain, muscular, Sprain of lumbar. The utilization review being challenged is dated 09/29/14. Reports were provided from 02/11/14 to 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 1 x 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Biofeedback

Decision rationale: The patient presents with constant right knee pain and left elbow pain rated 6/10. The physician requests for Biofeedback 1 X 6. The ODG guidelines, Pain Chapter, Biofeedback, states, "Not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." Therapy guidelines include: Screen for patients with risk factors for delayed recovery and motivation and self-discipline, Initial therapy should be physical therapy exercise, Possibly consider referral with CBT after 4 weeks with an initial trial of 3-4 psychotherapy visits over 2 weeks and evidence of functional improvement up to 6-10 visits over 5-6 weeks. The physician does not discuss this request in the reports provided. The 05/07/14 report states that the patient has failed physical therapy, NSAID, TENS and other medications over 6 months in an attempt to control pain. In this case, there is no evidence the patient has completed or is currently participating in a cognitive behavioral therapy program as required by the ODG. The physician does not discuss the patient's motivation and self-discipline. The request is not medically necessary.