

Case Number:	CM14-0180938		
Date Assigned:	11/05/2014	Date of Injury:	05/09/2013
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/31/2014

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 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:

This 39 year-old patient sustained an injury on 5/9/13 while employed by [REDACTED]. Requests under consideration include Biofeedback Therapy 6 Sessions. Diagnoses include low back pain; lumbar radiculopathy; and chronic pain syndrome. Conservative has included medications, therapy, biofeedback, and modified activities/rest. Report of 10/3/14 from the provider noted the patient with chronic pain syndrome and anxiety from injury of 2013. It was noted the patient was referred for biofeedback for the chronic pain with possible panic disorder. The patient was noted to have improvement from biofeedback treatment; been using relaxation exercises to get his mind off the pain and decrease tension; learning to recognize muscle tension with use of EMG training. The patient is motivated to continue treatment with future goals to reduce muscle tension and pain through the use of EMG training; decrease fear avoidance, increase confidence while moving through the use of EMG-hand temperature training, decreasing autonomic arousal through use of heart rate variability training; increasing self-awareness by providing education on mind and body connection; decreasing sleep issues with use of prolonged muscle relaxation. Treatment included additional biofeedback as previous therapy has improved diaphragmatic breathing to cope with pain and anxiety. The request(s) for Biofeedback Therapy 6 Sessions was non-certified on 10/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Therapy 6 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Biofeedback, pages 374-375, (ODG) Pain Chapter, Biofeedback, pages 669-670

Decision rationale: This 39 year-old patient sustained an injury on 5/9/13 while employed by [REDACTED]. Request(s) under consideration include Biofeedback Therapy 6 Sessions. Diagnoses include low back pain; lumbar radiculopathy; and chronic pain syndrome. Conservative has included medications, therapy, biofeedback, and modified activities/rest. Report of 10/3/14 from the provider noted the patient with chronic pain syndrome and anxiety from injury of 2013. It was noted the patient was referred for biofeedback for the chronic pain with possible panic disorder. The patient was noted to have improvement from biofeedback treatment; been using relaxation exercises to get his mind off the pain and decrease tension; learning to recognize muscle tension with use of sEMG training. The patient is motivated to continue treatment with future goals to reduce muscle tension and pain through the use of sEMG training; decrease fear avoidance, increase confidence while moving through the use of sEMG-hand temperature training, decreasing autonomic arousal through use of heart rate variability training; increasing self-awareness by providing education on mind and body connection; decreasing sleep issues with use of prolonged muscle relaxation. Treatment included additional biofeedback as previous therapy has improved diaphragmatic breathing to cope with pain and anxiety. The request(s) for Biofeedback Therapy 6 Sessions was non-certified on 10/14/14. It is unclear how many biofeedback sessions have been completed or if treatment is concurrent with Cognitive Behavioral Therapy (CBT). Per Guidelines, Biofeedback is not suggested as a stand-alone therapy, but may be incorporated after an adequate trial of CBT, not demonstrated here. The CBT must first show functional improvements and the necessity of the biofeedback as appropriate in order to deal better with the pain, improve functionality, and decrease medications; however, this has not been adequately demonstrated in the submitted reports as the patient's function remains unchanged with overall daily activities without decrease in pharmacological dosages, medical utilization, without progress or change in work status post treatment already rendered. Medical necessity for Biofeedback has not been established and guidelines criteria are not met. The Biofeedback Therapy 6 Sessions is not medically necessary and appropriate.