

Case Number:	CM14-0023413		
Date Assigned:	05/12/2014	Date of Injury:	08/28/2009
Decision Date:	08/28/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 claimant is a 55 year-old male (██████████) with a date of injury of 8/28/09. The claimant sustained injury when he was on a 6-7 ft. ladder hanging a banner and the ladder slipped. The claimant fell flat injuring his neck and back. The claimant sustained this injury while working for ██████████. In his PR-2 report dated 1/14/14 the provider, ██████████ diagnosed the claimant with Cervical/Lumbar Discopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFEEDBACK TREATMENT X 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : BIOFEEDBACK, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback (CA MTUS 2009)(pages 24-25) Page(s): 24-25.

Decision rationale: The CA MTUS guideline for the use of biofeedback in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records the claimant continues to experience chronic pain since his injury in August 2009. In his Neurological Consultation and Pain Management follow-up report dated 11/26/14, ██████████

stated please note the patient needs to be seen by a psychologist for psychotherapy to improve his mood. He may also need to have biofeedback treatment and neurotherapy to improve his moods as well. Despite these recommendations the claimant has not been referred to a psychologist for an evaluation, it does appear only the request under review has been made. The CA MTUS indicates that biofeedback is 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. It further recommends an initial trial of 3-4 visits over 2 weeks. Given that the claimant is not participating in any Cognitive Behavioral Therapy and the fact that the request for 10 sessions exceeds the initial number of sessions as recommended by the CA MTUS the request for Biofeedback Treatment X 10 is not medically necessary.