

Case Number:	CM15-0006357		
Date Assigned:	01/26/2015	Date of Injury:	09/14/1987
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

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 54 year old female sustained a work related injury on 09/14/1987. According to an evaluation dated 12/10/2014, current symptoms involved the neck, shoulder and back. She had moderately severe, constant upper extremity severe pain and constant lower back sciatic-type pain with severe-to-moderate hips, severe-to-moderate lower extremity severe pain which was constant. The injured worker's husband was her caregiver for most of her activities of daily living including hygiene, dressing, feeding, grooming, household chores, and household maintenance and with transfers from chair to wheelchair and to bathroom. Therapy continued to be multiphasic with compound patches, leg warmer, Alpaca mitts, magnets, spa therapy, Tempur-Pedic mattress and biofeedback, has helped in the past. Diagnoses included reflex sympathetic dystrophy. On 12/18/2014, Utilization Review non-certified biofeedback referral for retraining. The request was denied because biofeedback is only supported for use with a cognitive behavioral therapy program which the injured worker is not doing. Guidelines cited for this review included MTUS and Official Disability Guidelines Biofeedback Therapy. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback referral for re-training with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback; ODG biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, biofeedback Page(s): 24-25.

Decision rationale: Pages 24-25, according to the MTUS treatment guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. The request for unspecified sessions of biofeedback was noncertified by utilization review for the following reason "biofeedback is only supported for use with a cognitive behavioral therapy program which this patient is not doing. Further, there is no documentation for why the patient needs to be retrained in biofeedback since she has already reportedly used it before." With regards to this request, the medical necessity was not established by the provided documentation. There was no indication of the total number of sessions being requested. There was no indication of how much and when her prior biofeedback treatment was provided. There is no treatment plan provided for the sessions nor discussion of which biofeedback modalities would be used and for which parts of her body expected goals and dates of accomplishment. There is no indication of the rationale for restarting biofeedback therapy at this time provided other than she found it beneficial in the past of biofeedback training might be appropriate for this patient however because there is insufficient documentation provided to substantiate the request and that the request itself is unclear in terms of quantity the medical necessity could not be established. Continued psychological treatment is contingent upon significant patient psychological symptomology, that the total quantity of sessions being requested conforms to MTUS guidelines, and that there is documented patient benefit from prior treatment sessions including objectively measured functional improvement. Because medical necessity was not established the utilization review determination for non-certification is upheld.