

Case Number:	CM15-0019096		
Date Assigned:	02/09/2015	Date of Injury:	08/03/2012
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on 8/3/2012. On 2/2/15, the injured worker submitted an application for IMR for review of Biofeedback. The treating provider has reported the injured worker complained of lumbosacral, right hip, right knee and right foot and ankle pain. The diagnoses have included sprain hip and thigh, sprain knee and leg, sprain lumbar region. Treatment to date has included ORIF right proximal tibia (8/4/12), EMG/NCV lower extremity (1/28/13), CT tibia/fibula (8/7/13), chiropractic care. On 1/8/15 Utilization Review non-certified Biofeedback. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Chapter 15, Stress-related Conditions, BEHAVIORAL TECHNIQUES, pages 400-401.

Decision rationale: 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 functional status post treatment already rendered. Medical necessity for Biofeedback has not been established and guidelines criteria are not met. The Biofeedback is not medically necessary and appropriate.