

Case Number:	CM15-0115282		
Date Assigned:	06/23/2015	Date of Injury:	06/06/2006
Decision Date:	07/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: Preventive Medicine, Occupational Medicine

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(n) 54 year old male, who sustained an industrial injury on 6/6/06. He reported pain in his lower back. The injured worker was diagnosed as having status post lumbar laminectomy syndrome and depression. Treatment to date has included Baclofen, Restoril and Suboxone. There is only one progress note in the case file for review. As of the PR2 dated 4/17/15, the treating physician noted tenderness to palpation in the lumbar spine and coccyx and lumbar facet loading is positive on both sides. The injured worker also scored a 27 on the Beck Depression Inventory Scale and a 10 on the Beck Modified Anxiety Inventory. The treating physician requested Biofeedback 1 x weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chapter 7, independent medical examination and consultation, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Section Page(s): 24, 25.

Decision rationale: The MTUS Guidelines do not recommend biofeedback as a stand-alone treatment, but recommend as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. It is recommended to screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks. The requesting physician does not provide a discussion or rationale for this request. The recommendations from the MTUS Guidelines are that biofeedback be considered after initiating cognitive behavioral therapy. The injured worker may benefit from biofeedback exercises, but this request appears to be premature as cognitive behavioral therapy should be initiated prior to considering biofeedback. The requesting physician also has not addressed the suitability of this treatment method for this injured worker, so medical necessity has not been established. The request for biofeedback 1x4 is determined to not be medically necessary.