

Case Number:	CM15-0116549		
Date Assigned:	06/24/2015	Date of Injury:	03/23/2010
Decision Date:	07/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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:

The injured worker is a 44 year old male who sustained an industrial injury on 03/23/10. Initial complaints and diagnoses are not available. Treatments to date include medications, TENS, home exercise program, and acupuncture. Diagnostic studies are not addressed. Current complaints include chronic mid back pain and pain below the shoulder blades. Current diagnoses include thoracic degenerative disc disease, myofascial pain, insomnia, and abnormal weight gain. In a progress note dated 05/27/15 the treating provider reports the plan of care as a neuromuscular biofeedback trial, medications including Naproxen, Omeprazole, LidoPro, and TENS patch, as well as cyclobenzaprine, additional acupuncture, home exercise, theracane, TENS, heating pad, and upper back exercise. The requested treatments include a neuromuscular biofeedback trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular biofeedback trial- one session done in-house: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines biofeedback Page(s): 24-25.

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

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as a result of the work-related injury. The request under review is for an initial trial of biofeedback to assist in developing skills to manage the pain. The CA MTUS recommends the use of biofeedback in conjunction with CBT (cognitive behavioral therapy). It does not appear that the injured worker has been referred for a psychological evaluation to determine appropriate treatment recommendations that could include both CBT and biofeedback. As a result, the request for biofeedback is not medically necessary.