

Case Number:	CM15-0039376		
Date Assigned:	03/09/2015	Date of Injury:	09/06/2010
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 38 year old male, who sustained an industrial injury on 9/6/2013. He reports low back pain and shoulder pain after carrying heavy metal plates at a construction site. Diagnoses include depression, right lower extremity radiculopathy, right gluteus medius dysfunction, right lumbosacral muscle spasm, thoracolumbar myofascitis extensor muscles and chronic pain. Treatments to date include TENS (transcutaneous electrical nerve stimulation), chiropractic care, physical therapy and medication management. A progress note from the treating provider dated 1/26/2015 and a Qualified Medical Evaluation from 1/21/2015 indicates the injured worker reported continued back pain with improvement with chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback, 8-12 sessions: Upheld

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

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 completed an initial psychological evaluation with [REDACTED] on 1/21/15. In that report, [REDACTED] recommended at least 8-12 biofeedback sessions, for which the request under review is based. Although the injured worker may benefit from biofeedback sessions, the CA MTUS recommends that biofeedback be used in conjunction with a CBT program and begin with a trial of 3-4 visits within 2 weeks. Subsequent biofeedback/psychotherapy sessions are possible as long as there are documented objective functional improvements from the previously completed sessions. Utilizing these guidelines, the request for an initial 8-12 biofeedback sessions exceeds the recommendations. As a result, the request is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 biofeedback sessions in response to this request.