

<b>Case Number:</b>	CM15-0046422		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 40 year old female, who sustained an industrial injury on 09/07/2011. She reported an injury to her back. The injured worker is currently diagnosed as having difficulty walking, post-laminectomy syndrome-lumbar fusion, lumbar disc disease with myelopathy, lumbar disc displacement, and lumbosacral neuritis. Treatment to date has included lumbar spine surgeries, physical therapy, lumbar spine MRI, electromyography/nerve conduction studies, epidural injection, heat/ice treatment, and medications. In a progress note dated 01/27/2015, the injured worker presented with complaints of left low back pain and calf and leg cramping. The treating physician reported recommending starting physical therapy, continue with current medications, and consider lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of biofeedback:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Biofeedback.

**Decision rationale:** Pursuant to the Official Disability Guidelines, eight sessions biofeedback are not medically necessary. Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. Biofeedback may be approved if it facilitates entry into a CBT treatment program. The guidelines include screening patients with risk factors for delayed recovery as well as motivation to comply with a treatment regimen that requires self-discipline; initial therapy for at risk patients should be physical therapy, exercise instruction using a cognitive motivational approach to physical therapy; consider biofeedback referral in conjunction with CBT after four weeks with an initial trial of 3-4 psychotherapy visits over two weeks; and with evidence of objective functional improvement total of up to 6-10 visits over 5-6 weeks may be appropriate. In this case, the injured worker's working diagnoses are difficulty walking; post laminectomy syndrome/lumbar fusion; lumbar disc disease with myelopathy; lumbar disc displacement; and lumbosacral neuritis. A review of the medical record showed progress notes dated September 30, 2014; December 15, 2014; January 5, 2015; January 15, 2015; and January 27, 2015 did not contain a clinical indication, clinical rationale or clinical entry regarding biofeedback therapy. The treating physician indicated additional physical therapy was indicated with medications in addition to stopping Cymbalta. Biofeedback may be approved if it facilitates entry into a CBT treatment program. There is no discussion in the medical record about a cognitive behavioral therapy program or facilitating entry into a CBT treatment program. Consequently, absent clinical documentation with a clinical indication or rationale or clinical entry in the medical record indicating biofeedback is indicated, eight sessions biofeedback are not medically necessary.