

Case Number:	CM15-0062186		
Date Assigned:	04/08/2015	Date of Injury:	08/20/2011
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/01/2015

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 46-year-old female, who sustained an industrial injury on 8/20/11. The injured worker has complaints of low back pain with weakness and soreness in the legs and some facial twitching. The PR2 dated 3/24/15 noted that the injured worker is so focused on her lumbar surgery that any symptoms she has she feels may be associated with , even though there is obviously no relationship between whatever facial symptoms she has and her lumbar spine. The diagnoses have included L5-S1 anterior-posterior decompression and fusion. Treatment to date has included lumbar spine X-rays; biofeedback; magnetic resonance imaging (MRI) of the lumbar spine; anterior exposure for L5-S1 discectomy, fusion and laminectomy; physical therapy; chiropractic treatment and acupuncture and medications. The request was for biofeedback treatment to treat her chronic pain syndrome and anxiety stemming from her original work-related injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback treatment, per 03/23/15 order quantity: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines, biofeedback therapy guidelines.

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

Decision rationale: Based on the review of the review of the medical records, particularly [REDACTED] [REDACTED] March 2015 reports, the injured worker completed a psychological evaluation with Grace Jevara, MFT, in January 2013. According to [REDACTED] the injured worker then received follow-up psychological services from [REDACTED]. It is unclear what those services entailed. In his 3/23/15 report, [REDACTED] recommends additional biofeedback sessions and indicates that the prior biofeedback sessions had been beneficial for the injured worker. He indicated that the "Pt has demonstrated some improvement in biofeedback treatment including the use of diaphragmatic breathing to cope with pain and anxiety." Despite this noted improvement, it is unclear from the records as to the number of completed biofeedback sessions to date and whether the injured worker continues to receive CBT psychotherapy sessions. The CA MTUS recommends that biofeedback be used in conjunction with CBT. Additionally, it recommends an initial trial of 3-4 visits with a total of 6-10 visits. Following 10 visits, "patients may continue biofeedback exercises at home." Without knowing how many sessions have already been completed or whether the injured worker is receiving continued CBT services, the need for an additional 6-biofeedback sessions cannot be fully determined. As a result, the request is not medically necessary.