

<b>Case Number:</b>	CM14-0109050		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/27/2006
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 47 year-old male with a date of injury of 2/27/06. The claimant sustained injury to his back while performing his usual and customary duties working for [REDACTED]. In the "Follow-Up Pain Management Consultation" dated 6/19/14, [REDACTED] offered the following assessment: (1) Lumbar myoligamentous injury, with associated facet joint hypertrophy; (2) Herniated nucleus pulposus at L4-5 and L5-S1, with central foraminal stenosis; (3) Left lower extremity radiculopathy; (4) Reactionary depression/anxiety; (5) Coronary artery disease, status post coronary stents, on Coumadin; (7) Three-level positive provocative discography; (8) S/P coronary bypass graft X3 vessels, November 20, 2012; (9) Medication induced gastritis; and (10) Right lateral epicondylitis, industrially related. The injured worker has been treated with medications, physical therapy, aquatic therapy, acupuncture, spinal cord stimulation trial, and intrathecal pump trial. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "Comprehensive Psychological Evaluation and Report" dated 5/22/14, [REDACTED] diagnosed the claimant with: (1) R/O Opioid dependence; and (2) R/O Cognitive Disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback 4-6 Sessions Weekly: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 medical records, the claimant has continued to experience chronic pain since his injury in February 2006. It was reported in [REDACTED] reports that the claimant completed a psychological evaluation with [REDACTED] and was to have begun psychotherapy with [REDACTED]. However, other than [REDACTED] evaluation from May 2014, there are no other psychological records included for review. It is unclear whether the claimant began psychotherapy with [REDACTED]. It is also unclear why there is request for biofeedback as there is no information/documentation discussing the need for biofeedback services. The CA MTUS indicates that biofeedback is to be used in conjunction with CBT with a total of up to 6-10 visits. Since there is no indication that CBT sessions are being completed, the use of biofeedback is not recommended. Additionally, the request for 4-6 sessions weekly is not specific enough and exceeds the total number of sessions set forth by the CA MTUS. As a result, the request for "Biofeedback 4-6 Sessions Weekly" is not medically necessary.