

<b>Case Number:</b>	CM13-0021324		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 injured worker is a 35-year-old male who reported an injury on 07/16/2012 due to cumulative trauma. On 04/08/2013, the injured worker presented with popping of the left trigger finger. The diagnoses were left index finger sprain and left index finger sprain. The physical examination was entirely within normal limits. Prior therapy included medications, surgery, and therapy. The provider recommended biofeedback therapy 4 to 6 sessions; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BIOFEEDBACK THERAPY 4-6 SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 25.

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

**Decision rationale:** The request for biofeedback therapy 4 to 6 sessions is not medically necessary. The California MTUS states that biofeedback is not recommended as a standalone

treatment, but recommended as an option in cognitive behavioral therapy programs to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. There is a lack of evidence of objective functional deficits that needed to be addressed with the biofeedback therapy. An adequate and complete pain assessment was not provided. Additionally, there is a lack of evidence of an exercise therapy that would be used in adjunct to biofeedback as recommended in the guidelines. As such, the request is not medically necessary.