

<b>Case Number:</b>	CM13-0069294		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/29/2008
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 patient is an employee of [REDACTED] and has submitted a claim for neck, thoracic spine, lumbar spine, and right wrist pain with an industrial injury date of April 29, 2008. Treatment to date has included medications, physical therapy, right wrist steroid injection, exploratory wrist surgery, and excision of right dorsal wrist ganglion. Medical records from 2013 were reviewed, which showed that the patient complained of continuous neck pain that radiates primarily into the front part of his neck accompanied by spasms with constriction and difficulty swallowing. He also complained of continuous thoracic spine pain described as aching and burning. The patient also complained of continuous lumbar spine pain radiating to both lower extremities, which increased with prolonged sitting. He also had continuous right wrist pain, numbness, and tingling associated with right arm weakness. The patient also reported moderate difficulties with personal hygiene, grocery shopping, preparing meals, shaving, opening jars, and driving. The patient also reported anxiety and depression. On physical examination, gait was within normal limits. Cervical spine examination showed tenderness with normal range of motion. Right wrist tenderness was also noted but range of motion was normal. Wrist Tinel, median nerve compression, Finkelstein, and grind tests were negative. There were no sensor motor deficits of the upper extremities. Thoracic and lumbar spine examination revealed non-specific tenderness. Lumbar spine range of motion was normal. Psychiatric examination showed appropriate affect but a depressed mood. There were no clinical manifestations of acute anxiety. Utilization review from November 21, 2013 denied the request for psychotherapy with biofeedback because the documentation did not include an adequate assessment of the patient's objective functional condition related to psychological and physical conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY WITH BIOFEEDBACK:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 24-25.

**Decision rationale:** According to pages 24-25 of the Chronic Pain Medical Treatment Guidelines, biofeedback is not recommended as a stand-alone treatment but as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening but evidence is insufficient to demonstrate its effectiveness for treatment of chronic pain. An initial trial of 3-4 psychotherapy visits over 2 weeks is recommended and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. In this case, there was no evidence that the patient is undergoing a cognitive behavioral therapy program. Furthermore, the request did not indicate the intended frequency and duration of psychotherapy visits. Therefore, the request for psychotherapy with biofeedback is not medically necessary.