

<b>Case Number:</b>	CM14-0113743		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/11/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 55-year-old female who reported an injury on 01/11/2006, reportedly while she was working on the line taking out a plastic plate and the machine suddenly stopped working; she went to notify the supervisor, and tripped and fell over a hose placed on the floor that was used for cleanup purposes. She sustained injuries to her cervical spine, shoulders, left wrist/hand, and right knee. She fell forward and reached out to try to break her fall but fell. She struck her right knee, and then her left hand and she fell forward, struck her forehead, and sustained lacerations to the head. The injured worker's treatment history included MRI, x-rays, CT scan, physical therapy, EMG/NCV (Electromyography / Nerve Conduction Velocity) studies, and medications. The injured worker was evaluated on 06/05/2014 and it was documented that the injured worker complained of having frequent headaches that still occur almost every day and vary from mild to moderate in severity. She felt her current pain and discomfort was severely impacting her general activity and enjoyment of life, and it was moderately impacting her ability to concentrate and interact with other people. She feels depressed and anxious and rating her depression as 6/10 with 10/10 being the most severe. She had trouble sleeping due to her pain. She was not currently working. Objective findings: lumbar spine range of motion flexion was 80 degrees, extension was 30 degrees, right/left lateral flexion was 30/40 degrees, and right/left rotation was 40/30 degrees. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. She could not perform heel-toe gait well with the right leg/foot. Sensation to fine touch and pinprick was decreased in the lateral aspect of the right thigh as well as in the right buttock area. Diagnoses included posttraumatic headaches, chronic myofascial pain syndrome, thoracolumbar spine, injury of the left wrist with internal derangement, and sprain injury of the

lateral shoulders. The provider noted the injured worker could not tolerate the Naprosyn or the Topamax. The Request for Authorization or rationale was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Biofeedback Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California Treatment Guidelines biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) 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 the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. As with yoga, since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. EMG biofeedback may be used as part of a behavioral treatment program, with the assumption that the ability to reduce muscle tension will be improved through feedback of data regarding degree of muscle tension to the subject. The potential benefits of biofeedback include pain reduction because the patient may gain a feeling that he is in control and pain is a manageable symptom. Biofeedback techniques are likely to use surface EMG feedback so the patient learns to control the degree of muscle contraction. The available evidence does not clearly show whether biofeedback's effects exceed nonspecific placebo effects. It is also unclear whether biofeedback adds to the effectiveness of relaxation training alone. The application of biofeedback to patients with CRPS (Complex Regional Pain Syndrome) is not well researched. However, based on CRPS symptomatology, temperature or skin conductance feedback modalities may be of particular interest. The injured worker had previous physical therapy sessions however, the outcome measurements were not provided. The provider failed to indicate long-term functional restoration goals for the injured worker. The request failed to indicate how many requested sessions of biofeedback therapy are required for the injured worker. Given the above, the request for Biofeedback Therapy is not medically necessary and appropriate.