

<b>Case Number:</b>	CM14-0165449		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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, has a subspecialty in Interventional Spine 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 a 47 year old female with an injury date on 10/05/2006. Based on the 08/19/2014 progress report provided by her treater, the diagnoses are: 1. Mild cervical stenosis 2. Left de Quervain's tenosynovitis status post-surgery, with postoperative infection 3. Right shoulder arthralgia, status post arthroscopy 4. Narcolepsy 5. Status post (S/P) gastric bypass 6. Elevated liver enzymes According to this report, the patient complains of "neck, right shoulder and bilateral upper extremity pain. She rates her average pain as 8-10/10 on the pain scale." The patient noted "numbness, tingling, and burning down the arms from the elbow to all fingers." Physical exam reveals tenderness to palpation diffusely throughout the cervical spine and right shoulder. Range of motion of the cervical spine is decreased. Strength test of the left hand is a 4/5 due to pain. There were no other significant findings noted on this report. The utilization review denied the request on 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of biofeedback:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** According to the 08/19/2014 report, this patient presents with "neck, right shoulder and bilateral upper extremity pain. She rates her average pain as 8-10/10 on the pain scale." The treater is requesting 12 sessions of biofeedback "for neck pain." Regarding biofeedback, MTUS states that it 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." Review of reports does not show that this request is to be done along with cognitive behavior therapy. MTUS does not support biofeedback as a stand-alone treatment. There is lack of evidence that biofeedback works for chronic pain.