

Case Number:	CM14-0171117		
Date Assigned:	10/23/2014	Date of Injury:	04/07/2014
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/16/2014

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 licensed in Psychology and is licensed to practice in Texas. 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 36-year-old male who reported an injury on 04/07/2014. The injured worker sustained injuries to his face/shoulder/hands when he fell from a 14 feet roof to the floor. The injured worker's treatment history included psychological evaluation, medications, and CAT scan studies of the head and chest x-rays. Medical records submitted for review indicate the injured worker was being treated for depression and anxiety due to a fall. On 09/17/2014 the examination findings show depression, anxiety with phobic anxiety of heights, obsession and compulsion. The injured worker has not been treated for his psychological complaints. It was noted the psychologist recommended a medication evaluation for the injured worker. The injured worker was evaluated on 10/20/2014 which documented that the injured worker complained of low and mid back pain rated at 8/10 on the pain scale and left shoulder pain rated at 7/10 to 8/10 on the pain scale. On the physical examination, the provider noted the injured worker was in no apparent distress, healthy appearing, appropriate mood and affect, seated comfortably. Physical examination of the left shoulder revealed left shoulder range of motion was guarded on abduction, flexion, and external rotation. Stability intact, strength intact, supraspinatus intact but weak, infraspinatus intact, subscapularis intact, labrum intact, positive impingement findings, no bicipital groove tenderness, short head of biceps nontender to palpation, normal clavicle but tenderness to palpation. On 09/17/2014 the examination findings show depression, anxiety with phobic anxiety of heights, obsession and compulsion. The injured worker has not been treated for his psychological complaints. Diagnoses included pain disorder, depressive disorder not otherwise specified, and postconcussion syndrome. The Request for Authorization dated 09/23/2014 was for biofeedback treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback treatment, QTY: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic), Biofeedback

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

Decision rationale: The requested service is not medically necessary. 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 is not well researched. However, based on CRPS symptomology, temperature or skin conductance feedback modalities may be of particular interest. According to the notes, the injured worker is not participating in CBT or exercise program for his depression. Per the guidelines, biofeedback is recommended only as an adjunct to CBT and exercise when the injured worker requests a specific treatment. This is not the case for this injured worker, so this type of treatment is not supported by the guidelines and is not medically necessary. Therefore, the request for biofeedback treatment quantity 6 sessions is not medically necessary.