

Case Number:	CM14-0174535		
Date Assigned:	10/27/2014	Date of Injury:	01/18/2009
Decision Date:	12/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 41 year old patient with date of injury of 01/18/2009. Medical records indicate the patient is undergoing treatment for head injury, unspecified. Subjective complaints include intermittent, frequent pain, rated a 7-10/10, with frequent levels being a 9/10. This pain has been increasing recently. Reports dry mouth from the medication but otherwise tolerate the medication well. Activities of daily living, mobility, quality of life and mood has worsened. Patient reports poor sleep quality. Objective findings include cervical spine flexion of 50 degrees, extension of 50 degrees, bilateral lateral being noted at 45 degrees and bilateral rotation at 80 degrees. Shoulder ROM was normal, but abduction of the right shoulder to 80-120 degrees caused pain. Bilateral shoulder exam was 4/5 on internal rotation and 4+/5 on abduction. With palpation of the cervical spine, the patient reports tenderness at the bilateral paracervical, trapezius, rhomboid, levator scapulae and occipital regions, right greater than left. There was also tenderness on palpation to the L3-S1 paralumbar regions and the bilateral sacroiliac joints, right greater than left, right pectoralis, volar crest, ulnar crease and ulnar aspect of the right wrist, bilateral lateral and medial epicondyles, right greater than left. Babinski is negative. Romberg's is negative and gait without ataxia. Treatment has consisted of 25 sessions of physiotherapy, home exercise program, and the following medications: Effexor, Protonix, Voltaren, Neurontin, Tizanidine, Hydrochloride, Amlodipine, Docusate Sodium, Polyethylene Glycol and Smooth Move Fiber Laxative. Electromyography and Nerve Conduction Velocity studies were obtained but no interpretation of the results are provided. The utilization review determination was rendered on 09/26/2014 recommending denial of Biofeedback 2x/week for 3 weeks for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 2x week for 3 weeks for the cervical spine and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Biofeedback

Decision rationale: MTUS states that 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." The treating physician does not indicate that the patient is participating in cognitive behavioral therapy. ODG also does not recommend biofeedback, but does state that it "may be useful in the initial conservative treatment of acute cervical symptoms". The current symptoms are chronic in nature and would not meet ODG's recommendation of utilizing biofeedback for acute cervical symptoms. As such, the request for Biofeedback 2 x weeks for 3 weeks for cervical spine and lumbar spine is not medically indicated.