

<b>Case Number:</b>	CM14-0020163		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 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 claimant is a 50-year-old with a date of injury of August 20, 2013. The claimant sustained injury in her upper extremities due to repetitive keyboarding while working for Lawrence [REDACTED]. In her Orthopedic Hand Surgery Progress Report dated 2/14/14, [REDACTED] diagnosed the claimant with: (1) Bilateral upper extremity cubital tunnel syndrome; (2) Repetitive strain injury; and (3) Thoracic outlet syndrome. In an November 23, 2013 MRI report from [REDACTED], the impression were listed as follows: (1) Mild degenerative disc disease of the cervical spine with mild strengthening of normal cervical lordosis; (2) C4-C5, mild facet arthrosis with mild bilateral neural foraminal narrowing; (3) C5-C6, small disc osteophyte complex and mild facet arthrosis with mild left neural foraminal narrowing; and (4) C6-C7, mild uncovertebral hypertrophy and mild facet arthrosis without significant canal or neural foraminal narrowing. Additionally, in his January 29, 2014 spine consultation, [REDACTED] diagnosed the claimant with Bilateral ulnar neuritis at the elbow and Mild cervical spondylosis. The claimant has been treated via medications, wrist braces, elbow braces, occupational therapy, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback for the cervical spine and bilateral upper extremities, twice weekly for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; PAIN; BIOFEEDBACK.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Biofeedback, pages 24-25, as well as the Official Disability Guidelines (ODG), Biofeedback Therapy Guidelines.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines regarding the use of biofeedback in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in August 2013. Since her injury, the claimant has been treated via medications, braces, OT, and PT. The request under review is for an initial set of biofeedback sessions. The Chronic Pain Medical Treatment Guidelines states, Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these at risk patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after four weeks: Initial trial of three to four psychotherapy visits over two weeks and with evidence of objective functional improvement, total of up to six to ten visits over five to six weeks (individual sessions) may be necessary. It further indicates that patients may continue biofeedback exercises at home. Although the claimant participated in physical therapy shortly after her injury, the progress from those sessions is not known. Additionally, the guideline indicates that a referral for biofeedback should be considered in conjunction with CBT. Lastly, the request for biofeedback 2X4 exceeds the initial number of sessions set forth by the Chronic Pain Medical Treatment Guidelines. As a result, the request for biofeedback for the cervical spine and bilateral upper extremities, twice weekly for four weeks, is not medically necessary or appropriate.