

<b>Case Number:</b>	CM14-0034382		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/26/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Alabama. 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 46 year old female who was injured on 06/26/2008. The mechanism of injury is unknown. Prior treatment history has included the patient received several sessions of biofeedback treatment and psycho-physiological sessions. Progress report dated 02/12/2014 indicates the patient complained of left-sided neck pain, headaches, upper back pain, mid back pain, numbness in the right fingers and face, low back pain and right foot numbness. She rated her pain as 7-8/10. Objective findings on exam revealed left-sided neck pain with range of motion, motor is intact in the bilateral upper extremities. Sensation is intact in bilateral upper extremities and deep tendon reflexes are 2.5+ in the bilateral upper extremities. Hoffman's test is positive bilaterally. Diagnoses are neck pain and cervical radiculopathy. An MRI of the cervical spine with and without contrast is requested along with Soma 350 mg and Medrol Dosepak. Prior utilization review dated 02/18/2014 states the request for Psychotherapy and Biofeedback 6 sessions was not certified. There is no evidence to warrant such therapy and therefore is not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy and Biofeedback 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Psychotherapy Guidelines, Cognitive Behavioral Therapy Guidelines and Biofeedback Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions & Biofeedback Page(s): 23-25.

**Decision rationale:** The ODG guidelines above state that for the "Cognitive Behavioral Therapy Guidelines for chronic pain: screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -initial trial of 3-4 psychotherapy visits over 2 weeks, -with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." The provided documentation is not within the ODG guidelines as above, without initial therapy of physical medicine using cognitive motivational approach, or documented lack of progress from physical medicine alone. It is also unclear how many sessions of psychotherapy the patient has had and if there is any documentation of objective functional improvement. The MTUS Guidelines above state that biofeedback is "not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy 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. 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." With the above psychotherapy not being certified, the biofeedback is also not certified given that biofeedback is "not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy program." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.