

<b>Case Number:</b>	CM14-0070241		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/08/2001
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Occupational Medicine 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:

There were 87 pages for review regarding the injured worker with date of injury of May 8, 2001. The request for independent medical review was reviewed April 10, 2014 and signed on May 12, 2014 regarding the request for six sessions of biofeedback. Per the records provided, the request was non-certified as there was no evidence for cognitive behavioral therapy. The mechanism of injury, medications, surgical history, diagnostic studies and other therapies were not provided in the medical records. The April 9, 2014 clinic notes stated that the guideline recommended by the reviewer regarding biofeedback treatment was an error, and that the non-certification should be well-versed. The reviewer, however, noted that under California MTUS, biofeedback is not recommended as a stand-alone treatment, but as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to work. The review was done by a board certified psychiatrist. There was an electrodiagnostic report from October 9, 2013 which there was some impaired conduction noted. There was a permanent and stationary report from October 16, 2013. The chief complaints were headaches, memory problems with dizziness, weight gain, bilateral elbow pain right greater than left, and neck pain with left upper extremity radiating pain symptoms. She stated she was injured doing clerical work duties and started to develop pain in her right wrist in the year 2001 while using a right-handed mouse. Despite this mechanism of injury, there were significant surgical consequences. She developed a cyst at the base of her third finger. In November 2004 she underwent a right carpal tunnel release and in 2005 she had a right shoulder arthroscopic decompression for impingement findings. The surgery was not effective. There were still complaints of neck, bilateral elbow pain and gastritis and memory loss. She reached maximal medical improvement on October 16, 2013. She will need orthopedic and spine surgeon follow-up in the future. She will be in intermittent contact with physical therapy and pull therapists. She is a candidate for a 10 week weight loss program. I

did not see a mention of biofeedback in the future medical care. However, there was a December 26, 2013, psychological initial permanent and stationary report with psychological test results. It was stated that it would be best if she were provided an open and future psychological treatment award. There will be a need for weekly stress reduction biofeedback for her stress symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Biofeedback Sessions x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page 24 of 127.

**Decision rationale:** Regarding Biofeedback, the MTUS chronic pain guidelines note that it truly 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 Official Disability Guidelines (ODG) biofeedback therapy guidelines note the patient should be screened for 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. Biofeedback is considered after psychotherapy. In this case, I confirm the service is not supported as a stand-alone treatment, but is part of an overall program. The patient's motivation is not addressed. Therefore, this request is not medically necessary.