

<b>Case Number:</b>	CM14-0097233		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 45 year old female who reported an injury on April 20, 2011. The mechanism of the injury is undisclosed. The most recent progress note, dated June 12, 2014, indicates that there are ongoing complaints of cervical spine pain and left upper extremity pain. Current medications include Gabapentin, Lisinopril, Menthoderm, Norco, Tramadol, Cyclobenzaprine, and Cymbalta. These medications are stated to be helpful. The physical examination demonstrated tenderness over the left trapezius region and decreased sensation over the left C5 and C6 dermatomes. There was a diagnosis of cervicgia, lateral epicondylitis, reflex sympathetic dystrophy of the upper limb, and sciatica. Diagnostic imaging studies were not reviewed during this visit. A request was made for biofeedback for the cervical spine and was not certified in the pre authorization process on June 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 biofeedback, 6 sessions as Outpatient for symptoms related to the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Biofeedback, Updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines (ODG), biofeedback is not recommended as a standalone treatment but as an option in cognitive behavioral therapy. Additionally, available evidence does not clearly show whether biofeedback's effects exceed nonspecific placebo effects. Furthermore the application of biofeedback to patients with chronic regional pain syndrome is not well researched. For these reasons, this request for biofeedback is not medically necessary.