MAXIMUS Federal Services

Case Number:	CM14-0195713		
Date Assigned:	12/03/2014	Date of Injury:	02/15/2012
Decision Date:	02/23/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 injured worker is a 50-year-old female with an original industrial injury on February 15, 2012. The industrial diagnoses include chronic neck pain, chronic low back pain, left hip pain, and bilateral knee pain. In addition, the patient has significant psychological comorbidities and has reported sleep disturbance and depression. The injured worker is taking Prozac, which has been ongoing for over two years. Psychological evaluation has determined that this patient has a significant level of psychological distress and poor coping at this time. Traditional conservative treatments have included physical therapy, injections, pain medications, and left knee surgery. The disputed issue in this case is a request for six sessions of biofeedback therapy. A utilization review determination on November 10, 2014 had deemed biofeedback medically necessary, but had modified the number of sessions to 4 to remain within guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Biofeedback Topic

Decision rationale: Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) on pages 24-25 of 127 specify the following regarding biofeedback "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. 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. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. 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. EMG biofeedback may be used as part of a behavioral treatment program, with the assumption that the ability to reduce muscle tension will be improved through feedback of data regarding degree of muscle tension to the subject. The potential benefits of biofeedback include pain reduction because the patient may gain a feeling that he is in control and pain is a manageable symptom. Biofeedback techniques are likely to use surface EMG feedback so the patient learns to control the degree of muscle contraction. The available evidence does not clearly show whether biofeedback's effects exceed nonspecific placebo effects. It is also unclear whether biofeedback adds to the effectiveness of relaxation training alone. The application of biofeedback to patients with CRPS is not well researched. However, based on CRPS symptomology, temperature or skin conductance feedback modalities may be of particular interest. (Keefe, 1981) (Nouwen, 1983) (Bush, 1985) (Croce, 1986) (Stuckey, 1986) (Asfour, 1990) (Altmaier, 1992) (Flor, 1993) (Newton-John, 1995) (Spence, 1995) (Vlaeyen, 1995) (NIH-JAMA, 1996) (van Tulder, 1997) (Buckelew, 1998) (Hasenbring, 1999) (Dursun, 2001) (van Santen, 2002) (Astin, 2002) (State, 2002) (BlueCross BlueShield, 2004). This recent report on 11 chronic whiplash patients found that, after 4 weeks of myofeedback training, there was a trend for decreased disability in 36% of the patients. The authors recommended a randomized-controlled trial to further explore the effects of myofeedback training. (Voerman, 2006). See also Cognitive behavioral therapy (Psychological treatment)." Furthermore, the Official Disability Guidelines specify the following regarding biofeedback: "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 4 weeks:- 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)- Patients may continue biofeedback exercises at home. In the case of this injured worker, there has been documentation of significant depression, insomnia, and psychological distress associated with the work-related injury. However, the Official Disability Guidelines recommend a trial of 3-4 sessions of biofeedback in conjunction with cognitive behavior therapy. Therefore, the utilization determination to modify the original request is supported by evidenced-based guidelines and the original request is not necessary. The utilization review modification is upheld.