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| <b>Case Number:</b>   | CM14-0217603 |                              |            |
| <b>Date Assigned:</b> | 01/07/2015   | <b>Date of Injury:</b>       | 08/22/2012 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 11/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/29/2014 |

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 twenty-eight year old female who sustained a work-related injury on August 22, 2012. A request for twelve sessions of biofeedback and bio-behavioral was noncertified by Utilization Review (UR) on February 12, 2014. The UR physician used the California (CA) Chronic Pain Medical Treatment Guidelines in the determination. The CA Chronic Pain Medical Treatment guidelines note that biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT). The documentation provided for review was limited with regard to the number of prior biofeedback sessions or documentation of continuing medical necessity. The biofeedback note provided for review was undated. A request for Independent Medical Review (IMR) was initiated on December 12, 2014. The clinical documentation submitted for IMR included medical evaluations from June 16, 2014 through November 24, 2014. The documentation indicates the injured worker sustained an injury to her right ankle when an object fell on it. Previous treatment included acupuncture, physical therapy, medication management and psychology to help with pain control. The injured worker was evaluated on November 24, 2014 and reported burning and tingling in her right hand and arm. She expressed a concern for developing allodynia hyperesthesia. The injured worker also reported continued pain in the right lower extremity and reported no change since the prior evaluation. She described her pain as aching, radiating, shooting and tight. On examination, the injured worker had normal curvature of the cervical spine and no tenderness to palpation. The injured worker had hypersensitivity over the top of the right foot and great toe and mild swelling over the top of the foot. Her gait

was unremarkable. The evaluating provider documented that the approach to care is multidisciplinary and when a patient's symptoms do not improve with opioids use within three months, they utilize a combination of medication management, biofeedback, physical therapy, chiropractic therapy, acupuncture, psychological intervention and appropriate interventional techniques. A request for twelve sessions of bio-behavioral sessions was requested on October 23, 2014 for diagnosis of pain disorder associated with both psychological and medical factors. An unsigned biofeedback session revealed the injured worker complained of pain, difficulty relaxing, poor sleep and depression. Her pretreatment pain scale was a 3 and her post treatment pain scale was reported as a 1. She reported that she was sleeping better and continued to ambulate with difficulty.

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

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

**Biofeedback/ Bio-behavioral x 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

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

**Decision rationale:** This 28 year old female has complained of right hand, right ankle and right lower extremity pain since date of injury. She has been treated with acupuncture, chiropractic therapy, physical therapy and medications. The current request is for biofeedback x 12 sessions. Per the MTUS guidelines cited above, biofeedback therapy for the treatment of chronic pain 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. There is no documentation in the available provider notes of the plan for a CBT program to be used in conjunction with biofeedback therapy. On the basis of the available provider notes and per the MTUS guidelines cited above, biofeedback x 12 sessions is not indicated as medically necessary.