

Case Number:	CM15-0220318		
Date Assigned:	11/16/2015	Date of Injury:	08/01/2011
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 was a 42 year old female, who sustained an industrial injury on August 1, 2011. The injured worker was undergoing treatment for chronic upper extremity pain, rotator cuff tear or rupture, status postsurgical, myalgia and or myofascial pain, shoulder sprain and or strain, right shoulder, sleep issues, carpal tunnel syndrome and poor coping. According to progress note of October 26, 2015, the injured worker's chief complaint was pain, which was rated 7 out of 10, secondary to temperature changes. The injured worker continued home exercise stretches and using the lumbar brace at work. The Gabapentin and LidoPro helped with the pain about 40-50% and maintained functionality. The LidoPro cream helped reduce the need for oral medication. The objective findings were tenderness with palpation. The injured worker walked with an abnormal gait. There was decreased sensation in the upper left extremity. There was decreased grip on the right along with tingling and numbness in the right 1st, 2nd and third fingers with Phalen's. There was tenderness with palpation in cervical paraspinal muscles and trapezius. The injured worker had poor posture secondary to guarding, twitch response when palpated. The injured worker previously received the following treatments: home exercise program, Gabapentin, LidoPro cream, Naproxen, wrist brace and back brace. The RFA (request for authorization) dated November 9, 2015; the following treatments were requested: biofeedback to improve posture, which decreased shoulder and neck pain. The UR (utilization review board) denied certification on October 12, 2015 for biofeedback. Per the note dated 11/10/15, the patient had complaints of bilateral wrist pain with numbness. Physical examination of the cervical spine revealed tenderness on palpation, diminished sensation in left

upper extremity and limited range of motion. The patient had biofeedback in the past that was helpful to improve posture and decrease pain. The patient had used a TENS unit for this injury. The patient's surgical history includes bilateral shoulder surgeries in 2012 and 2013 and CTR in 2014. The patient has had history of difficulty in sleeping. The psychiatric note dated 7/8/15 revealed the patient had adjustment disorder with depressive symptom and pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/02/15) Biofeedback.

Decision rationale: MTUS guideline does not specifically address this issue. Hence ODG was used. As per cited guideline, 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 ODG biofeedback therapy guidelines: 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 therapy 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. The patient had biofeedback in the past that was helpful to improve posture and decrease pain. A detailed response to the previous biofeedback sessions, in terms of objective functional, was not specified in the records provided. Per the cited guidelines, the patients may continue biofeedback exercises at home. The rationale for additional biofeedback sessions was not specified in the records provided. The cited guideline does not recommend it as a stand-alone treatment. A detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for Biofeedback is not fully established for this patient, therefore is not medically necessary.