

<b>Case Number:</b>	CM14-0124783		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 a licensed Psychologist and is licensed to practice in Texas. 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 injured worker is a 45 year old male who reported an injury on 08/02/2013. The mechanism of injury was cumulative trauma. His diagnoses include bilateral shoulder pain, A/C osteoarthritis/tendinitis, gastritis secondary to non-steroidal anti-inflammatory drugs (NSAID) use, anxiety, stress, and depression. His past treatments included a right shoulder injection, chiropractic treatment, electro-acupuncture treatment, extracorporeal shockwave therapies, use of home exercise kit, TENS unit, hot/cold therapy and use of therabands. The injured worker reported shoulder, back and abdominal pain, sleep disturbance, anxiety heart palpitations and shortness of breath, depression, crying episodes, loss of self-worth, social isolation and withdrawal on several office visits. A psychological consultation for pain was done on 12/16/2013. The documentation indicated the injured worker scored a 17 on the Beck Depression inventory, which demonstrated the injured worker had depression in the slight to moderate range. The physician felt the injured worker would benefit from psychotherapeutic treatment on a monthly basis, which possibly included a variety of modalities including but not limited to behavior, supportive, and/or biofeedback therapy on a monthly basis for a period of between 2-3 months to help interrupt the "pain-tension-pain" cycle. The physician indicate the injured worker has a global assessment of functioning score of 62. The injured worker was diagnosed with adjustment disorder with anxiety and depressed mood due to chronic pain, secondary to the injury. The clinical note dated 08/04/2014 showed, pain to cervical spine 5/10, lumbar spine 5/10, bilateral shoulders 5/10, and increased pain with sitting, standing and walking, normal activities of daily living, decreased to 3/10 with application of topical cream, a positive Kemp's test. The injured worker's medication regimen included Menthoderm Gel apply 3 times daily as directed by physician, for daytime use and omeprazole 20mg1capsule daily before breakfast. The

rationale for Psych referral for biofeedback was not provided. The Request for Authorization was not provided.

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

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

**Psych referral for biofeedback:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Biofeedback.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24, 25. Decision based on Non-MTUS Citation ODG biofeedback therapy guidelines

**Decision rationale:** The request for Psych referral for biofeedback is not medically necessary. The injured worker complained of increased anxiety, loss of sleep and constant pain. He participated in multiple therapies including a home exercise kit that have shown effectiveness. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Biofeedback as a stand-alone treatment, but recommended it as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. Some 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 cognitive behavioral treatment program, where there is strong evidence of success. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy (PT). There is a lack of documentation indicating the injured worker will be performing the Biofeedback in adjunct to cognitive behavioral treatment. As the guidelines do not recommend Biofeedback as a standalone treatment, the requested sessions of Biofeedback would not be indicated. Additionally, the submitted request does not indicate how many sessions of Biofeedback are being requested. As such, the request is not medically necessary.