

<b>Case Number:</b>	CM14-0127383		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 California. 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 34-year-old female who reported an injury on 09/04/2012 due to being assaulted by a student. She was kicked several times in the head, right shoulder, neck and back. Diagnoses were right sided neck pain with radiation to the right lateral thumb and concurrent occipital headaches. Differential diagnoses include possible herniated disc at the C5-6 and C6-7 versus radiculitis, versus facet arthropathy. Onset status post being hit from the back of the head, neck and shoulders. Past treatments were 2 cervical epidural steroid injections, medial branch blocks, and a medial branch radiofrequency that helped with the cervical neck pain for about 6 months. Physical examination on 08/15/2014 revealed that the injured worker had completed 4 sessions of physical therapy. She reported that she was stiff, range of motion was greatly decreased due to muscle tightness, and the injured worker did feel that the therapy was helping. The injured worker also reported that headaches were pretty constant, but she was trying to deal with the pain until the injection can be scheduled. The pain was reported at a level 6/10. Examination of the cervical spine revealed spasm was moderate, and tenderness to the paracervical area, facet loadings positive right and left. Neurological exam revealed normal reflexes and distal sensation. Sensation was intact to light touch. Medications were Norco, Lidoderm 5% patch and Tizanidine. Treatment plan was for physical therapy of the cervical spine. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to include biofeedback to treat the cervical spine x 4-6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback, Page(s): 25.

**Decision rationale:** The decision for Physical Therapy to include biofeedback to treat the cervical spine x 4-6 is not medically necessary. The California Medical Treatment Utilization Schedule states biofeedback is not recommended as a standalone treatment, but recommended as an option in a cognitive behavioral therapy 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. The medical guidelines states to screen 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 physical therapy. Possibly consider biofeedback referral in conjunction with cognitive behavioral therapy after 4 weeks, initial trial of 3 to 4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, totaled with up to 6 to 8 visits over 5 to 6 weeks (individual sessions). Patients may continue biofeedback exercises at home. The medical guidelines suggest 3 to 4 visits over a 2 week period to start initially. The injured worker needs to be screened for risk factors for delayed recovery. The request submitted exceeds the recommended 3 to 4 visits over a 2 week period. The clinical information does not provide evidence to justify physical therapy to include biofeedback. Therefore, this request is not medically necessary.