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| Case Number: | CM14-0128186 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 11/24/2011 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 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 Psychology 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 38-year-old female, who reported injury on 11/24/2011 due to repetitive and continuous use of her hands. The injured worker has diagnoses of carpal tunnel syndrome bilaterally and neuropathy. Past medical treatment consists of psychotherapy, cognitive therapy, relaxation training, biofeedback therapy, and medication therapy. Medications include amitriptyline, Colace, nortriptyline, and Senokot. On 06/13/2013, the injured worker underwent an EMG of the hands. On 07/10/2014, the injured worker complained of pain. Physical examination revealed that the injured worker rated the pain at a 9/10 with medications and a 10/10 without. Examination of the wrist revealed that range of motion was restricted bilaterally with pain. Phalen's sign was positive. Tinel's sign was positive. There was tenderness to palpation noted over the volar tenderness, tenderness at APL and EPB tendons. There was also a positive Finkelstein test bilaterally. Motor strength examination revealed a grip of 4/5 on both sides, finger extensors of 5/5 on both sides, wrist flexors of 5/5 on both sides, wrist extensors of 5/5 on both sides, elbow flexors of 5/5 on both sides, elbow extensors of 5/5 on both sides, supination of 5/5 on both sides, pronation of 5/5 on both sides, shoulder adduction of 5/5 on both sides, knee extensors of 5/5 on both sides, knee flexors of 5/5 on both sides. Sensory examination revealed light touch sensation was decreased over the thumb, index finger, middle finger, ring finger, and little finger bilaterally. The treatment plan is for the injured worker to have an additional 6 sessions of biofeedback therapy. The rationale and Request for Authorization form 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:

6 sessions of biofeedback therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG biofeedback therapy guidelines.

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

Decision rationale: The request for 6 additional sessions of biofeedback therapy is not medically necessary. The California MTUS guidelines do not recommend biofeedback as a stand-alone treatment, but recommend it as an option in 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. 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. It is unclear whether biofeedback adds to the effectiveness of relaxation training alone. The application of biofeedback to patients with CRPS is not well researched. ODG therapy guidelines are as follow: 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 to 4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, total of up to 6 to 10 visits over 5 to 6 weeks. Patients may continue biofeedback exercises at home. Given the above, the injured worker is not within the MTUS recommended guidelines. The submitted report did not indicate the outcome of the injured worker's previous biofeedback therapy sessions. Furthermore, guidelines stipulate 3 to 4 initial trial sessions over 2 weeks are permitted, but the submitted report did not indicate how many sessions of biofeedback therapy the injured worker has already completed. Additionally, physical examination that was dated 07/10/2014 did not reveal any functional deficits the injured worker had. Furthermore, guidelines also state that the patient receiving biofeedback should be highly motivated with self-discipline. Evidence submitted for review indicated that the injured worker had uncomplicated major depressive disorder. Given the above and the lack of evidence of any functional deficits regarding the injured worker, the request for 6 additional sessions of biofeedback therapy is not medically necessary.