

Case Number:	CM14-0172788		
Date Assigned:	10/23/2014	Date of Injury:	10/27/2004
Decision Date:	12/02/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/20/2014

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, has a subspecialty in Interventional Spine Pain Management 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 patient is a 54-year-old female with date of injury of 10/27/2004. The listed diagnoses per [REDACTED] from 08/26/2014 are: Major depression, Carpal tunnel syndrome bilateral, Gastrointestinal upset, Degenerative joint disease of the left shoulder, Degenerative disk disease of the cervical spine, Impingement syndrome of the left shoulder, Radiculopathy of both upper extremities, Sleep disorder, Musculoligamentous injury; cervical, Status post cervical fusion of C5-C6 and C6-C7 from 12/21/2010 and Status post left shoulder scope from 12/01/2008. According to this report, the patient complains of significant pain in her neck more on the left side, and she is having severe spasms. She states that this is a flare up related to her activities of daily living. The patient is also having some headaches and blurred vision associated with the neck pain and is getting progressively worse over the last few weeks. She reports anxiety and depression and says that biofeedback was beneficial. The patient was authorized 4 physical therapy sessions for her left shoulder, but she still has significant pain and dysfunction. The examination shows decreased range of motion of the cervical spine with significant paraspinal and trapezius muscle spasms worse on the left. She has trigger points in the cervical and thoracic region. The patient has a positive Spurling's test. She has decreased sensation in the C6-C7 dermatomes on the left side. Neer's, Hawkin's, and impingement testing was positive. Decreased range of motion in flexion and abduction. The reports include an x-ray of the cervical spine from 08/26/2014 and physical therapy reports from 04/07/2014 to 08/29/2014. The utilization review denied the request on 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 biofeedback sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback Therapy Guidelines

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

Decision rationale: This patient presents with neck pain and severe spasms. The provider is requesting 12 biofeedback sessions. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on biofeedback states, "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." In addition, ODG states that an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement up to 6 to 10 visits over 5 to 6 weeks is recommended. The reports do not show how many biofeedback treatments the patient has received thus far. The 05/27/2014 report indicates that the patient continues to complain of left shoulder pain and her medications were refilled. There is tenderness to palpation on the left shoulder joint with restrictive range of motion of the left shoulder. The 07/01/2014 report shows that the patient is having significant left shoulder pain. She has completed 4 visits of physical therapy which helped reduce the pain significantly. The progress report from 08/26/2014 notes the patient is complaining of significant pain in her neck more on the left side, and she is having severe spasms. She states that this is a flare-up due to her activities of daily living. She does have anxiety and depression and has benefited from biofeedback provided by [REDACTED]. In this case, while the patient reports benefit from biofeedback for anxiety and depression, the number of treatments the patient has received was not noted. Furthermore, the reports do not show any objective functional improvement to warrant additional biofeedback sessions. Lastly, ODG recommends up to 6 to 10 visits and the requested 12 biofeedback sessions would exceed the guidelines. Therefore, this request is not medically necessary.

H-wave unit rental for 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, H-Wave Stimulation (HWT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave unit Page(s): 117 118.

Decision rationale: This patient presents with neck pain and severe spasms. The provider is requesting an H-wave unit rental for 30 days. The MTUS Guidelines page 117 to 118 supports a 1 month home-based trial of H-wave treatment as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional and restoration and only following failure of initial recommended conservative care including recommended physical therapy, medications, and TENS. The utilization review denied the request stating that a home-based H-wave trial is not supported without prior use in a clinical setting with documented objective and functional improvement. Review of the MTUS does not require testing H-wave in a clinical setting. This patient appears to have tried TENS unit without much benefit and a home trial of H-wave unit is consistent with MTUS. Therefore this request is medically necessary.