

Case Number:	CM15-0091785		
Date Assigned:	05/18/2015	Date of Injury:	09/24/2002
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/12/2015

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 is a 54-year-old male, who sustained an industrial injury on 9/24/2002. He reported jerking his neck while dropping a transmission. Diagnoses have included left shoulder sprain/strain, left brachial neuritis or radiculitis and adhesive capsulitis of the shoulder. Treatment to date has included cervical fusion on 11/1/14. According to the progress report dated 4/14/2015, the injured worker reported that the injury had improved over time. He had not had physical therapy. The injured worker appeared fatigued and in mild pain. He reported tenderness in the upper trapezial muscles. There was abnormality of the shape, bulk, contour and/or tone of the shoulder girdle. Range of motion of the left shoulder was limited. The right upper trapezius was mildly tender to palpation. Range of motion of the right shoulder was limited. Decreased flexion and extension was noted of the cervical spine. The treatment plan was to start physical therapy and use biofeedback as appropriate. Authorization was requested for eight biofeedback sessions. The patient has had MRI of the cervical spine on 5/8/14 that revealed disc bulge with foraminal narrowing. The patient had received cervical ESI for this injury. The medication list includes Gabapentin, Flexeril, Oxycontin and Colace. Per the doctor's note dated 2/18/15, patient had complaints of pain in the cervical region at 7/10. Physical examination of the neck and upper back revealed 4/5 strength, normal sensation and reflexes. A recent detailed psychological evaluation note was not specified in the records provided. The patient was certified for 12 post op PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback #8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, biofeedback.

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 06/15/15) Biofeedback.

Decision rationale: Request: Biofeedback #8. MTUS guideline does not specifically address this issue. Hence ODG 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." A recent detailed psychological evaluation note was not specified in the records provided. Rationale for Biofeedback #8 was not specified in the records provided. The cited guideline does not recommend it as a stand-alone treatment. The patient was certified for 12 post op PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Biofeedback #8 is not medically necessary for this patient.