

<b>Case Number:</b>	CM15-0099179		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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, female who sustained a work related injury on 10/31/11. She was pulling a bag weighing approximately 45 pounds from overhead and the bag began to fall. Her left arm was caught in the flap and she tried to let go. Her body twisted and she landed on her knees. She initially felt pain in her left arm from fingertips to the elbow. The diagnoses have included complex regional pain syndrome and depression related to chronic pain. Treatments have included medications, physical therapy, participation in a functional restoration program, H-Wave therapy, neurofeedback therapy, stellate ganglion block with vagal response and acupuncture. In the Medical Progress Report dated 4/21/15, the injured worker complains of generalized body pain. She states the pain is worse in upper extremities and lower extremities with left forearm being the worst. She complains of hypersensitivity aggravated by cold temperatures and vibrations. She continues to have increased pain and decreased mobility after a trip to the Emergency Room for severe breakthrough pain and heart palpitations. She states the neurofeedback helps to reduce her pain and relaxes her muscles. The pain in her hips has improved by 50%. Upon examination, she has mild blue discoloration to left forearm, worse in fingertips. She has hyperalgesia in both arms and both legs. The treatment plan includes requests for authorization of additional neurofeedback treatments and for additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **8 Neurofeedback Therapy 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 Pain (Chronic)chapter, Biofeedback.

**Decision rationale:** The patient was injured on 10/31/11 and presents with generalized body pain and pain are worse in the upper extremities than the lower extremities (pain in the left forearm being the worst). The request is for 8 NEUROFEEDBACK THERAPY SESSIONS for additional nonpharmacologic pain relief. There RFA is dated 04/22/15 and the patient is permanent and stationary. The 04/21/15 report states that the patient "is undergoing neuro feedback treatment twice weekly which has been beneficial in reducing her pain and relaxing her muscle. Both the neurofeedback and physical therapy treatment have helped reduce her pain and enable her to walk longer, stand longer, and spend more time with her family." ODG Guidelines, chapter "Pain (Chronic)" and Title "Biofeedback", states that "Not recommended. EMG biofeedback has been 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. 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 patient is diagnosed with complex regional pain syndrome and depression related to chronic pain. Treatments have included medications, physical therapy, participation in a functional restoration program, H-Wave therapy, neurofeedback therapy, stellate ganglion block with vagal response and acupuncture. The patient has had prior neurofeedback therapy; however, there is no indication of when all of these sessions took place or how many total sessions of therapy the patient. ODG guidelines recommend a trial of 3 to 4 visits and up to 6 to 10 visits with functional improvement. Since it is unknown how many sessions the patient had prior to this request, the requested additional 8 sessions of neurofeedback in addition to the neurofeedback sessions the patient has already had may exceed what is allowed by ODG guidelines. Therefore, the request IS NOT medically necessary.

### **10 Physical Therapy Sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient was injured on 10/31/11 and presents with generalized body pain and pain are worse in the upper extremities than the lower extremities (pain in the left forearm being the worst). The request is for 10 PHYSICAL THERAPY SESSIONS to address CRPS of the upper and lower extremities for pain control, strengthening, mobility, and transition to a home exercise program. There is no RFA provided and the patient is permanent and stationary. The 04/28/15 physical therapy note states that the patient has had 25 visits of physical therapy. The 04/21/15 report states that "Both the neurofeedback and physical therapy treatment have helped reduce her pain and enable her to walk longer, stand longer, and spend more time with her family." MTUS pages 98-99 allow for 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). The patient is diagnosed with complex regional pain syndrome and depression related to chronic pain. Treatments have included medications, physical therapy, participation in a functional restoration program, H-Wave therapy, neurofeedback therapy, stellate ganglion block with vagal response and acupuncture. The patient has had prior physical therapy from early as 01/08/15 to 04/28/15. The 01/08/15 therapy note indicates that it is the patient's 9th visit and the 04/28/15 therapy note indicates that it is the patient's 25th visit. MTUS guidelines allow for up to 24 visits over 16 weeks for patients with CRPS. In this case, the requested 10 physical therapy sessions in addition to the 25 sessions the patient has already had exceeds what is allowed by MTUS guidelines. Therefore, the request IS NOT medically necessary.