

## Notice of Independent Review Decision

**DATE OF REVIEW:**

06/05/2008

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Biofeedback therapy one time a week for four weeks.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified Neuropsychologist

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Overtured**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**The requested service, biofeedback therapy one time a week for four weeks, is medically necessary and is supported by clinical experience and published peer-reviewed, medical guidelines.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- 05/21/08 MCMC Referral
- 05/20/08 IRO Request Form, DWC
- 05/20/08 Notice To Utilization Review Agent of Assignment, , DWC
- 05/20/08 Notice To MCMC, LLC Of Case Assignment, , DWC
- 05/20/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 05/19/08 LHL009 – Request For A Review By An Independent Review Organization
- 04/30/08, 04/08/08 letters from, Utilization Review, Travelers
- 04/23/08, 04/02/08 Behavioral Health Preauthorization Request
- 04/23/08 Reconsideration: Request For Treatment, , MA, LPC,
- 04/02/08 Request For Treatment, , MA, LPC,
- 05/24/07 Dictionary of Occupational Titles, Residual Functional Capacity Battery, Eastern Medical Evaluators
- 05/24/07 Designated Doctor Evaluation, , M.D.
- 05/24/07 Report of Medical Evaluation (Narrative Overview)
- 05/24/07 Report of Medical Evaluation (Spine Evaluation)

- 05/24/07 (date of clinical MMI) Report of Medical Evaluation
- Note: Carrier did not supply ODG guidelines.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual was employed as a when she sustained multiple injuries following a 400 pound patient falling on her. On 08/14/2007, the injured individual underwent an intervertebral lumbar fusion. She started Individual Psychotherapy at and on 04/02/2008 this program requested the additional therapeutic modality of biofeedback be added. Four biofeedback sessions were requested.

Biofeedback (see references below) is well regarded in the medical community as an adjunctive treatment for pain. It is utilized for muscle re-education, reduction of spasms and muscle bracing (stiffness), induction of relaxation, stress management, and reduction in stress, anxiety, and depression.

The evidence submitted was supportive of utilizing this modality as an adjunctive therapy for the injured individual to address her biopsychosocial issues related to pain, stress, depression, etc. Biofeedback is a well-regarded therapeutic modality in the medical community and its use in this case is supported by peer-reviewed medical guidelines and peer reviewed medical literature.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

While the Official Disability Guideline (ODG) suggests that biofeedback is not recommended as a stand-alone treatment, it is recommended as an option in combination with other therapeutic activities to facilitate exercise therapy and return to activity. These same guidelines suggest an initial trial of three to four psychotherapy visits over two weeks. The requested therapy is consistent with these peer-reviewed published guidelines. The injured individual was involved with both Cognitive Behavioral Therapy (CBT) activities and return to work (RTW) clinical care at the time these services were requested and would therefore be consistent with the recommendations of ODG.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:  
MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS****ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:**

While ODG suggests that biofeedback is not recommended as a stand-alone treatment, it is recommended as an option in combination with other therapeutic activities 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. The potential benefits of biofeedback include pain reduction because the patient may gain a feeling that he is in control and pain is a manageable symptom. Biofeedback techniques are likely to use [surface EMG](#) feedback so the patient learns to control the degree of muscle contraction. The available evidence does not clearly show whether biofeedback's effects exceed nonspecific placebo effects. It is also unclear whether biofeedback adds to the effectiveness of relaxation training alone. The application of biofeedback to patients with CRPS is not well researched. However, based on CRPS symptomology, temperature or skin conductance feedback modalities may be of particular interest. ([Keefe, 1981](#)) ([Nouwen, 1983](#)) ([Bush, 1985](#)) ([Croce, 1986](#)) ([Stuckey, 1986](#)) ([Asfour, 1990](#)) ([Altmaier, 1992](#)) ([Flor, 1993](#)) ([Newton-John, 1995](#)) ([Spence, 1995](#)) ([Vlaeyen, 1995](#)) ([NIH-JAMA, 1996](#)) ([van Tulder, 1997](#)) ([Buckelew, 1998](#)) ([Hasenbring, 1999](#)) ([Dursun, 2001](#)) ([van Santen, 2002](#)) ([Astin, 2002](#)) ([State, 2002](#)) ([BlueCross BlueShield, 2004](#)) This recent report on 11 chronic whiplash patients found that, after 4 weeks of myofeedback training, there was a trend for decreased disability in 36% of the patients. The authors recommended a randomized-controlled trial to further explore the effects of myofeedback training. ([Voerman, 2006](#)) See also Cognitive behavioral therapy ([Psychological treatment](#)) and Cognitive intervention ([Behavioral treatment](#)) in the Low Back Chapter. Functional MRI has been proposed as a method to control brain activation of pain. See [Functional imaging of brain responses to pain](#).

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

#### **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION):**

AAPB *Evidence-Based Practice in Biofeedback and Neurofeedback*, by Carolyn Yucha, PhD and Christopher Gilbert, PhD; 2004.

Please refer to [www.bcia.org](http://www.bcia.org) for additional references.