

Notice of Independent Review Decision

DATE OF REVIEW:

11/12/2009/amended 11/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

(90901) Biofeedback therapy once a week for six weeks.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

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

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.

(90901) biofeedback therapy one a week for six weeks is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 11/03/09 letter from attorney
- 10/30/09 MCMC Referral
- 10/29/09 Notice to MCMC, LLC of Case Assignment
- 10/29/09 letter from attorney
- 10/29/09 Confirmation of Receipt of a Request For a Review, DWC
- 10/28/09 Request For A Review By An Independent Review Organization
- 10/01/09 Adverse Determination After Reconsideration Notice, PhD, Services Corporation
- 09/23/09 Individual Psychotherapy Preauthorization Request, Clinical Director
- 09/23/09, 08/27/09 Individual Psychotherapy Preauthorization Request fax
- 09/01/09 Adverse Determination Notice, M.D., Services Corporation
- 08/06/09 Initial Behavioral Medicine Consultation, M.A. and PhD,
- 08/06/09 Addendum, M.A. and PhD
- 07/02/09 Insurance Verification Form For Workers' Compensation Insurance
- 06/11/09 referral form
- 05/08/09 Peer Review, DO
- 08/01/08 report from M.D.
- 08/01/08 Report of Medical Evaluation, M.D., DWC
- 06/04/08, 07/09/08 Operative Reports, D.O., Surgery

- 06/07/06 MRI cervical spine, Diagnostic Center
- 03/16/05 MRI right shoulder, Memorial
- ODG Integrated Treatment/Disability Duration Guidelines for Shoulder (Acute & Chronic)

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female with date of injury xx/xx/xx. The injured individual had rotator cuff repair (RTC) and neck pain. She has had physical therapy (PT), medications, psychotherapy, multiple injections, and a pain program. There has been no overt progress in her condition with any of this treatment.

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

The injured individual has a xxxx injury. She has had multimodal pain treatment with no benefit. Biofeedback is considered only indicated when combined with cognitive therapy and that is not indicated here. The injured individual needs to be motivated and self disciplined and based on the lack of return to work (RTW) status and failure of treatment thus far, that is not documented. The treatment is suggested initially three to four times therefore this request for six is excessive in light of no expectation of follow up to verify results. For all these reasons, it is denied.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

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. 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