

<b>Case Number:</b>	CM13-0048969		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 and Rehabilitation and is licensed to practice in New York. 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:

On 3/9/2011, the claimant was punched on the right side of her head by a student during the course of work. She briefly lost consciousness. She was diagnosed with a concussion. She had persistent pains in her head, neck and shoulders. She developed insomnia, depression, anxiety, cognitive problems, and problems with her interpersonal relationships. She has been diagnosed with post-concussive headaches, temporomandibular joint disorder and post-traumatic stress disorder (PTSD). She has been managed with opioid analgesics, topical analgesics, adjunctive analgesics, muscle relaxants, triptans, antidepressants, anxiolytics, anti-insomnia agents and psychotherapy. A clinical psychologist who has been following and treating the claimant has recommended cognitive behavioral psychotherapy due to the PTSD; biofeedback therapy to address psychological symptoms (anxiety, pain sensitivity, and generalized autonomic hyperarousal); psychoeducational group protocol to manage depression and topics germane to chronic pain patients; behavioral pain management due to her opioid prescriptions. It has been opined that the claimant is totally disabled, but has not reached maximum medical improvement. The claimant has presented to the emergency room on multiple occasions with headaches of a migrainous nature. There have been no focal neurological deficits. CT of the brain has been negative for acute abnormalities such as intracranial hemorrhage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT BIOFEEDBACK THERAPY TIMES SIX FOR TWO MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

**Decision rationale:** There is no high-grade evidence in the peer-reviewed clinical literature of significant benefit of biofeedback therapy for the treatment of psychological symptoms such as those that the claimant has (i.e., anxiety, pain sensitivity, and generalized autonomic hyperarousal). This requested treatment is not medically necessary. This determination is consistent with MTUS guidelines, which state that, "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."

**INITIAL COGNITIVE BEHAVIORAL THERAPY TIMES SIX FOR TWO MONTHS:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

**Decision rationale:** The medical literature generally supports the efficacy of cognitive behavioral therapy in the management of psychological disorders, including PTSD. MTUS guidelines also generally support cognitive behavioral therapy. In the present case, the claimant has undergone psychotherapy, but the results of this psychotherapy are not well documented. It is not clear from the records that the claimant would be amenable to this intervention and that significant, sustained improvements in the claimant's outcomes would be reasonably expected with this requested treatment. Notably, the claimant has been opined to be disabled for a prolonged period of time since her original injury. Her functional status and symptoms, overall, are not expected to be significantly improved as a result of the requested treatment. The requested treatment, therefore, is not medically necessary.

**FOLLOW UP OFFICE VISIT TIMES FOUR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The medical literature generally supports the efficacy of psychological treatment in the management of disorders such as PTSD. MTUS guidelines also generally support this intervention. In the present case, the claimant has been followed by psychology for a prolonged period of time, but without evidence of objective benefit. No further benefit of

ongoing visits with psychology are expected with the requested service. The requested treatment, therefore, is not medically necessary.