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| Case Number: | CM14-0023426 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 08/09/2010 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/17/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Clinical Psychology and is licensed to practice in Health Psychology and pain management. 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:

According to the records provided for this independent review, this is a 54 female patient who reported a work-related industrial/occupational injury on 8/9/2010. At that time she was employed by L3 communications as a business development manager and was traveling by airplane on company business when a rolling bag suddenly fell out of the overhead compartment and hit her on the top of the head. She immediately experienced pain in her neck, shoulders, and head; and she was taken off the plane. She has a pre-existing motor vehicle accident from 2006 with a neck and lower back injury. Currently, the patient has neck pain and headaches, hypersensitivity over the superior portion of her scalp on the right side. She has difficulty occasionally with her balance and vision in the right eye; there is some numbness and pain in the left upper extremity, resolving. She is diagnosed with cervical sprain/strain, post-traumatic headache, postcranial contusion, and additional medical diagnoses. She reports muscle tension, and spasm, insomnia, and difficulty with concentration and focusing which makes her ability to read greatly diminished. A request for 12 sessions of biofeedback was non-certified; this independent review will address a request to overturn the treatment denial decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 BIOFEEDBACK SESSIONS: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation I am reversing the prior UR decision. My decision is that the issue listed above IS medically necessary. The reasons for reversing the prior UR decision are listed in the rationale below.

Decision rationale: MTUS procedures and guidelines for biofeedback states that biofeedback is not recommended as a stand-alone treatment and should be used in conjunction with a course of cognitive behavioral therapy. There was no indication of whether the patient has had prior biofeedback sessions and if so what was the outcome. This latter issue does not appear valid, as there is no indication that she has had any prior biofeedback training in her chart. My findings after reviewing this patient's medical records were that she at this time does not appear to have any psychological or psychiatric diagnoses. However, the Official Disability Guidelines state that biofeedback can be offered for the treatment of insomnia and that it has good efficacy. There does not appear to be the same requirement for use in conjunction with cognitive behavioral therapy nor is there a specific mention of the need for a trial of 3-4 sessions to demonstrate rapid treatment results. The ODG guidelines state that up to 13-20 visits over 7-20 weeks can be offered with progress being made and that the provider should monitor progress during the process so treatment failures can be identified early. The request of 12 sessions of biofeedback is medically necessary.