

Case Number:	CM14-0032035		
Date Assigned:	07/23/2014	Date of Injury:	05/09/2011
Decision Date:	08/29/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; opioid therapy; adjuvant medications; earlier cervical fusion surgery; and psychotropic medications. In a Utilization Review Report dated February 19, 2014, the claims administrator denied a request for eight sessions of Biofeedback training and eight sessions of alpha stimulation while partially certifying four sessions of cognitive behavioral therapy. The claims administrator denied the request for Biofeedback on the grounds that page 24 of the MTUS Chronic Pain Medical Treatment Guidelines stated that it was not recommended as a stand-alone treatment. Somewhat incongruously, the claims administrator did, however, partially approve cognitive behavioral therapy. The applicant's attorney subsequently appealed. In a handwritten note dated December 18, 2013, it was seemingly suggested that the applicant had not been seen in several months. It was stated that the applicant had ongoing issues with psychological trauma. The note was handwritten and difficult to follow. It was stated that the applicant was depressed and anxious and had missed 12 appointments owing to transportation constraints. In a December 6, 2013 medical progress note, the applicant was given diagnosis of chronic neck pain, reflux, constipation, hemorrhoids, and major depressive disorder. Psychological visit, Lyrica, Nucynta, and Ambien were endorsed. In a Medical-Legal Evaluation of December 29, 2013, it was stated that the applicant was using Nucynta, Lyrica, Effexor, Ambien, Zanaflex, baclofen, and Prilosec. In a psychiatry note of July 11, 2013, the applicant was given prescription for Celexa, Desyrel, and group cognitive behavioral therapy. The applicant did receive psychological counseling, including on October 14, 2013. The applicant was described as having severe psychological issues and reportedly still struggling from a mental health

standpoint, it was stated at that point in time. Authorization for cognitive behavioral therapy, Biofeedback, and alpha stimulation was seemingly later sought. Acupuncture was also sought on February 10, 2014. The remainder of the file was surveyed. While the applicant had received extensive psychotherapy and cognitive behavioral therapy, there is no explicit mention of the applicant's having had Biofeedback therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Training times eight: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 400, Biofeedback is a relaxation method designed to empower applicants to self-regulate physiologic responses. Biofeedback requires both training and practice, ACOEM goes on to note. In this case, the applicant does have a variety of medical and mental health issues, including chronic pain syndrome, anxiety, and depression. Biofeedback training to help alter the applicant's responses to internal and external stressors is indicated. The request in question does seemingly represent a first-time request for the same. Accordingly, the request is medically necessary.

Alpha Stimulation x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Executive Summary on Cranial Electrode Therapy Stimulators.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), cranial electrode therapy stimulators are associated with an unreasonable risk of illness or injury. Data currently on file does not support a reasonable assurance for safety and/or efficacy with alpha stimulation, a form of cranial electrical stimulation. In this case, it is further noted that the applicant is receiving a variety of other psychiatric modalities, including psychotropic medications, cognitive behavioral therapy, and Biofeedback, the latter of which has been approved through this Independent Medical Review report. Therefore, the request is not indicated both owing to the tepid-to-unfavorable FDA position on the alpha stimulation/cranial electrical stimulation modality at issue as well as owing to the fact that the applicant is concurrently receiving a variety of other psychiatric modalities which do carry more favorable recommendations. Therefore, the request is not medically necessary.

