

Case Number:	CM14-0041124		
Date Assigned:	06/30/2014	Date of Injury:	07/07/1997
Decision Date:	08/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/08/2014

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 Psychiatry 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:

Injured worker is a 48 year old male with date of injury 7/7/1997. Date of the UR decision was 3/10/2014. Mechanism of injury was described as being electrocuted in the head with live wires. Report dated 3/3/2014 suggested that the injured worker has been suffering from severe and chronic pain with severe emotional difficulties and cognitive impairment since the injury. Per the report, he appeared agitated, tense and worried. His mood was described to vary from tense to agitated and anxious. The treatment plan so far was described to have incorporated Cognitive Behavior Therapy (CBT) and Neurofeedback which was being provided to the injured worker. Report dated 3/17/2014 suggested that he has been in treatment with the Psychologist providing treatment with CBT and Neurofeedback since 09/2013 and was indicated that he had been vulnerable to physical and emotionally large reactions from minor stimuli.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback: 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: California Medical Treatment Utilization Schedule (MTUS) states Biofeedback is 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. Upon review of the submitted documentation, it is suggested that he has been getting treatment in form of Cognitive Behavior Therapy and Neurofeedback since September 2013. The request for Biofeedback is not medically necessary since it appears that the injured worker has already been in treatment and Biofeedback is indicated only if it facilitates entry into a CBT treatment program, where there is strong evidence of success since it is not recommended as a stand alone treatment. The request for Biofeedback, unspecified sessions is not medically necessary.