

<b>Case Number:</b>	CM14-0076143		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 55 year old male with date of injury 8/9/2010. Date of the UR decision was 5/12/2014. Mechanism of injury was an assault at work after which he started experiencing head ringing and nose bleeding. Report dated 4/25/2014 suggested that his anxiety, tension, depression, crying spells and irritability were reduced compared to before. He reported insomnia due to pain and worry, had flashbacks, intrusive thoughts related to the assault. Objectively, he was noted to have tense and dysphoric mood and slight reduction in vertigo and hearing were noted. He complained of moderate pain and had mild swelling and ecchymosis in right and left periorbital areas. He was prescribed Vicodin and Ibuprofen. He had complaints suggestive of benign positional vertigo per the report, he also was diagnosed with minimally displaced nasal fracture. He was diagnosed with Post Traumatic Stress disorder and Depressive disorder not otherwise specified. He was prescribed Ambien 10 mg nightly as needed for insomnia and Ativan 1 mg twice daily as needed for anxiety. The injured worker was authorized for an ENT consult per decision made on 5/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ophthalmology Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 415-437.

**Decision rationale:** The submitted documentation does not provide any justification for Ophthalmology consult. There are no signs and symptoms specific for an ophthalmological condition, and none of the criteria for referral per the MTUS are met. He was authorized for an ENT consult per decision made on 5/12/2014. The request is not medically necessary at this time.

**Biofeedback 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines - Biofeedback Therapy Guidelines.

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

**Decision rationale:** 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." ODG 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. 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. 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 The request for Biofeedback 8 visits is not medically necessary at this time as it is not recommended as a stand alone treatment. Also, the request for 8 sessions exceeds the guideline recommendations for an initial trial even if it is indicated for purpose of facilitating entry to CBT program.

**Group Psych Education x 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines - Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress>, <Cognitive therapy for PTSD>.

**Decision rationale:** ODG Psychotherapy Guidelines recommend and Initial trial of 6 sessions- Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.(The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)The request for Group Psych Education x 12 visits exceeds the Psychotherapy guidelines and thus is not medically necessary at this time.