MAXIMUS Federal Services

Case Number:	CM15-0182547		
Date Assigned:	09/23/2015	Date of Injury:	01/20/2015
Decision Date:	10/28/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 55-year-old male who sustained an industrial injury on 1-20-2015. Diagnoses have included headache, cervical sprain or strain, and blunt head trauma. Documented treatment includes acupuncture and physical therapy stated 8-21-2015 as providing "no significant benefit." The number of sessions attended was not provided, but he had not begun either therapy as of 7-8-15. He has also been treated with Ibuprofen stated to provide mild relief, and Nortriptyline reported as "not helpful." The injured worker continues to present with "constant" frontal headaches being worse on the left and in the morning. He reports no memory loss, dizziness, vertigo, nausea, or vomiting. He does report occasional sensitivity to light and rates pain ranging between 4 to 9 out of 10. The injured work has also been experiencing neck stiffness and trapezius muscle spasms with no numbness or tingling. Physician examination on 8-21-2015 reports full visual fields and extraocular movements with no nystagmus or diplopia and pupils being equal and reactive to light. Hearing is noted as being intact. The physician also notes that there is bilateral trapezius muscle tenderness and spasm. The injured worker reports recently feeling "stressed out." The treating physician's plan of care includes biofeedback, which was denied on 8-31-2015. Current work status is modified duty, which is stated 7-8-2015 as being accommodated by his employer.

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: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: The requested Biofeedback is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, Page 24; Biofeedback notes that this treatment is not recommended as a standalone treatment. The injured worker has neck stiffness and trapezius muscle spasms with no numbness or tingling. Physician examination on 8-21-2015 reports full visual fields and extraocular movements with no nystagmus or diplopia and pupils being equal and reactive to light. Hearing is noted as being intact. The physician also notes that there is bilateral trapezius muscle tenderness and spasm. The injured worker reports recently feeling "stressed out." The treating physician has not documented an overall rehabilitation program that this modality would play a part in. The criteria noted above not having been met, Biofeedback is not medically necessary.