

<b>Case Number:</b>	CM15-0040486		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Family Practice

### 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 48-year-old male, who sustained an industrial injury on May 23, 2014. He has reported headache, neck pain, jaw pain, ringing in the ears, lower back pain, left arm pain, right knee pain, right ankle pain, and sleep disturbances. Diagnoses have included right ankle fracture, jaw fracture, post-concussive syndrome, subarachnoid hemorrhage, and posttraumatic stress disorder. Treatment to date has included medications, home exercise, ankle surgery, and imaging studies. A progress note dated February 13, 2015 indicates a chief complaint of chronic headache, ringing in the ears, lower back pain radiating to the right buttock and thigh, jaw pain, neck pain, left upper arm pain, right knee pain, right ankle pain with swelling, sleep disturbances, anxiety, depression, and intrusive recollections of the event. The treating physician documented a plan of care that included a neuropsychological evaluation, cognitive behavioral sessions, and biofeedback sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Cognitive behavioral sessions:** Overturned

**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:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral sessions Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Cognitive therapy for PTSD.

**Decision rationale:** The MTUS guidelines support a course of cognitive therapy for chronic pain. In this case, the injured worker is also diagnosed with posttraumatic stress disorder, and per ODG, Cognitive therapy for PTSD is recommended. ODG notes that there is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). The request of 6 Cognitive behavioral sessions is therefore medically necessary.

**6 Biofeedback sessions:** Overturned

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

**Decision rationale:** According to the MTUS guidelines, 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, In this case, the injured worker has been approved to undergo cognitive behavioral sessions, and the request for biofeedback sessions to be used in conjunction is supported. The request for 6 biofeedback sessions is medically necessary.