

Case Number:	CM14-0027880		
Date Assigned:	06/16/2014	Date of Injury:	09/24/2013
Decision Date:	08/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/05/2014

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 licensed in Psychology and is licensed to practice in Texas. 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 injured worker is a 46 year old female who reported an injury on 09/24/2013 due to a fall. The injured worker complained of headache, pressure in both ears, pain at the back of her head, nausea, and problems finding words to say. It takes her longer to complete tasks. She has difficulty with multitasking and is anxious and frustrated. She also reports episodes of blurred vision. There were no diagnostic studies submitted for review. The injured worker had diagnoses of closed head injury with concussion with postconcussion syndrome with cognitive mood impairment. There is no documentation of any past treatment methods. The injured worker was on the following medications: Relafen 500 mg and Norflex 100 mg. The current treatment plan is for 12 biofeedback sessions. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 BIOFEEDBACK SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: The request for 12 biofeedback sessions is non-certified. The injured worker has a history of a concussion with postconcussion syndrome. The CAMTUS guidelines state that 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. Based on the documentation submitted, there is no indication of any other methods of treatment. Since, biofeedback is not recommended as a stand alone treatment, the request for 12 biofeedback sessions is not medically necessary.