

<b>Case Number:</b>	CM14-0219238		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: Psychologist

### 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 54 year old male sustained an industrial fall injury reported on 1/14/2013. He has reported constant, radiating neck pain into the occiput and bi-temporal/ bi-frontal regions; and intermittent headaches. The diagnoses have included: psychogenic pain; traumatic cervical spondylosis without myelopathy, sprains or strains of the neck; headaches; post-concussion syndrome with depression, emotional lability and increased frustration with symptoms that include poor concentration and problems with memory loss. Treatments to date have included: consultations; diagnostic laboratory and imaging studies; physical therapy with 1 out of 4 sessions completed; transcutaneous electrical nerve stimulation unit (approved but not received); and medication management. The work status for this injured worker was noted to be unable to return to work. On 12/8/2014 Utilization Review non-certified, for medical necessity, the request for 6 sessions of neural biofeedback with [REDACTED] PhD between 12/2/14 and 1/17/15, the MTUS chronic pain medical treatment guidelines and ODG guidelines for post-concussion syndrome, were cited. The visit notes, dated 11/24/2014, note a distant history of drug abuse and the non-recommendation for opiate therapy; cognitive deficits and the recommendation to not drive a commercial vehicle; and the inability to return to work resulting in the recommendation for a temporarily totally disabled classification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 sessions of neural biofeedback with Jess Ghannam, Ph.D:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (trauma, headaches, etc., not including stress and mental disorders)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, topic biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Chapter: Head, topic EEG (neurofeedback)

**Decision rationale:** The MTUS treatment guidelines are silent with regards to the use of neural feedback in the treatment of post-concussive syndrome. However, the MTUS treatment guidelines do discuss the use of biofeedback as a treatment in chronic pain and state that it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. In addition, the official disability guidelines HEAD Chapter, EEG Neurofeedback is recommended as a diagnostic procedure if there is a failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. But the guidelines do not address its use as a form of biofeedback or as a treatment modality. The mechanism of injury was noted that the patient was going in and out of a building that was being serviced when he slipped on ice and fell backwards striking the back of his head on concrete with loss of consciousness for an unknown duration. He woke with blood in the back of his head and was taken to the ER. According to the provided medical records, the patient has been diagnosed with cervical spondylosis without myelopathy, Postconcussive syndrome, headache and neck pain. He has received conventional physical medical treatment, physical therapy, TENS unit. MRI of the brain from January 29, 2013 showed multiple small foci of increased T2 signal diffusely in the white matter consistent with small vessel ischemic changes and small vessel changes and disease. A neurology consult October 1, 2014 resulted in the diagnosis confirming postconcussion syndrome. Neuropsychological evaluation and treatment has been recommended. He reports depression and occasional suicidal thoughts without clear intention or plan. He reports continued symptoms of poor concentration, memory. The request for 6 sessions of neural feedback was found to be not medically necessary by utilization review: "the patient has not attended the 4 sessions of physical therapy or received the TENS unit that were authorized, but state that they did get positive results from electrical stimulation at a physical therapy session. The guidelines also list patient education and supportive counseling as primary forms of treatment for post concussive syndrome but no evidence is shown of those treatments being performed." The medical records that were provided for this review do not support the requested procedure. It appears that the patient has had a neuropsychological evaluation but a copy was not provided for consideration with regards to this request. The evaluation, if it has been conducted, would be needed in order to substantiate the medical necessity of this request. The request itself is not supported by the official disability

guidelines or the MTUS guidelines. Neither of the disability treatment guidelines specifically address the use of neurofeedback in the treatment of postconcussive syndrome. There is mention of the use of general biofeedback (EMG, GSR etc) in the use of chronic pain, in which case an initial brief course of 3 to 4 sessions is recommended initially in order to determine patient's response, additional sessions up to 10 maximum can be offered with documented patient benefit. This request is for 6 sessions which would exceed that recommended guideline for an initial treatment trial. The requested procedure was also presented as a stand-alone request. Biofeedback as a stand-alone procedure is not recommended according to the MTUS guidelines but may be an appropriate intervention in the context of a cognitive behavioral therapy program. Because of these reasons, the medical necessity of the request is not established; and therefore the utilization review determination for non-certification is upheld.