

<b>Case Number:</b>	CM15-0175232		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: 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 44 year old female, who sustained an industrial injury on 03-09-2013. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for post-concussion syndrome, concussion with no loss of consciousness, panic attacks, autonomic sensitivity, vestibular processing disorder, and visual processing disorder. Treatment and diagnostics to date has included cognitive behavioral therapy and vestibular therapy. In a progress note dated 07-28-2015, the injured worker reported generalized pain. Objective findings included no difficulties with commands, normal speech and cognition, and appropriate mood and affect. The physician noted that the EEG-BNA (electroencephalogram-brain network activation) was reviewed and "testing revealed marked abnormalities of working memory, sensory connectivity, and attention. These findings are consistent with network abnormalities from concussion and consistent with her clinical presentation." The request for authorization dated 08-03-2015 requested neurofeedback x 10 and vestibular therapy x 6 more sessions. The Utilization Review with a decision date of 08-10-2015 modified the request for neurofeedback x 10 to neurofeedback x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurofeedback x10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving several modalities of treatment for post-concussion syndrome with cognitive deficits as well as psychiatric symptoms. The request under review is for 10 sessions of neurofeedback (biofeedback). The CA MTUS recommends the use of biofeedback in conjunction with CBT. It recommends an initial trial of 3-4 visits and with evidence of objective functional improvements, a total of 6-10 visits. Following the 10th visit, patients may continue their biofeedback exercises at home. According to the UR determination letter, the injured worker has already received 4 biofeedback sessions. Therefore, an additional 10 sessions exceeds the total number of sessions recommended by the CA MTUS. As a result, the request for 10 neurofeedback sessions is not medically necessary.