

<b>Case Number:</b>	CM15-0075270		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 was a 68 year old female, who sustained an industrial injury, February 6, 2012. The injured was sustained when the injured worker was attacked by a patient. The patient grabbed the injured worker from behind by the back of the neck, choked and throw the injure worker on the ground. The injured worker previously received the following treatments psychiatric intervention, Vicodin, Soma, Tylenol #3, physical therapy, right shoulder MRI, muscle injection, chiropractor, right shoulder surgery, cervical x-rays, cervical spine CT scan and Omeprazole. The injured worker was diagnosed with depressive disorder, anxiety, insomnia, neck pain, right shoulder pain and low back pain. According to progress note of March 5, 2015, the injured workers chief complaint was being a depressed mood, anxiety, impaired sleep, diminished concentration, irritability, diminished appetite, fatigue, worries, nausea, muscle tension and agitation. The exam noted the injured worker to be depressed and anxious with insomnia issues. The treatment plan included biofeedback sessions and a sleep study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of biofeedback:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CBT/Biofeedback Page(s): 25, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines: CBT for chronic pain.

**Decision rationale:** Cognitive Behavioral Therapy (CBT) is recommended as an option for chronic pain cases. Behavioral treatment may be an effective treatment for patients with chronic neck pain, but it is still unknown what type of patients benefit most from what type of behavioral treatment. Screening should be done for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical therapy (PT) and exercise instruction, using a cognitive motivational approach to PT. A separate psychotherapy CBT referral should be considered after 4 weeks if there is lack of progress from PT alone. Biofeedback is not recommended as a stand-alone treatment but as an adjunct to treatment with CBT to facilitate exercise therapy and a return to activity. In the case biofeedback is being recommended for the treatment of anxiety and depression. There is no documentation the claimant is involved in CBT. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**Sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Sleep study.

**Decision rationale:** There is no documentation provided indicating the claimant requires a sleep study per ODG guidelines. There is no history of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change (not secondary to medication, cerebral mass or known psychiatric problems), sleep-related breathing disorder or periodic leg movement disorder suspected or insomnia lasting for at least six months unresponsive to behavior intervention and sedative/sleep-promoting medication and psychiatric etiology has been excluded. There is documentation the claimant has stress and difficulty sleeping due to pain and psychological issues but there is no evidence that the claimant has obstructive sleep apnea symptoms such as apnea spells, excessive snoring, and excessive daytime fatigue. Medical necessity for the requested item has not been established. The requested item is not medically necessary.