

Case Number:	CM15-0096274		
Date Assigned:	05/26/2015	Date of Injury:	08/30/2014
Decision Date:	07/03/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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 42-year-old male, who sustained an industrial injury on 08/30/2014 when an object hit him in the superior orbital region. He did not recall what happened afterward. When he woke up, paramedics were around him and he was placed in a cervical collar and was transported by ambulance. Treatment to date has included computed tomography scan of the head, cardiac work-up, neurology consultation, physical therapy, chiropractic care and acupuncture. According to a progress report dated 04/02/2015, the injured worker was experiencing pain in his lower back that was associated with left leg pain. He felt no relief from physical therapy, heat, ice, chiropractic care or acupuncture. He also complained of headaches, which were moderate to severe. His right eye went black at times. He felt a sharp pain above his right eye at times where he was hit. He also felt a lot of pain over the neck area and his right paraspinal area. Motrin lessened pain. Noise made the pain worse. Current medication regimen included Ibuprofen. Diagnoses included contusion of face, scalp and neck except eye, concussion with no loss of consciousness, headache and headache syndrome. The provider noted that the injured worker displayed a constellation of symptoms consistent with a post concussive syndrome ranging from mood changes, lack of motivation and forgetfulness. Recommendations included 6 sessions of biofeedback, Motrin, support measures such as reassurance and encouragement and 6 sessions of physical therapy. Urine was negative for any elicit or illegal substances. Work status included full duty. Currently under review is the request for biofeedback (cognitive and pain psychotherapy) 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback (cognitive and pain psychotherapy) 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Biofeedback Page(s): 23, 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy guidelines for chronic pain, Biofeedback therapy guidelines.

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

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his injury in August 2014. In the April 2015 PR-2 report, [REDACTED] recommended 6 biofeedback sessions for which the request under review is based. The CA MTUS does recommend the use of biofeedback in the treatment of chronic pain however; it is to be used in conjunction with CBT. Prior to commencing any psychological treatment, it is vital to have completed a psychological evaluation. Unfortunately, the injured worker has yet to complete an initial psychological evaluation that will not only offer more specific diagnostic information, but appropriate treatment recommendations as well. Since there is no evaluation, the request for 6 biofeedback sessions is premature and not medically necessary. Additionally, any future request suggested for biofeedback include a request for CBT.