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| Case Number: | CM13-0021706 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 12/02/2009 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 08/28/2013 |
| Priority: | Standard | Application Received: | 09/06/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of December 2009. A utilization review determination dated August 28, 2013 reportedly recommends modified certification of pain psychology (for evaluation only), certification for Cymbalta, and noncertification of Protonix and Voltaren Gel. A utilization review determination dated October 9, 2013 recommends modified certification of individual cognitive therapy (initial request was for 6 sessions, modified certification is for 4 sessions), and noncertification of neuromuscular rehab/biofeedback. A progress report dated August 19, 2013 identifies subjective complaint stating, [REDACTED] saw [REDACTED] at [REDACTED] for CRPS (Complex Regional Pain Syndrome) myofascial pain syndrome. He recommended Cymbalta, Protonix, Voltaren, pain psychologist for coping skills, biofeedback and cognitive therapy. Unfortunately, she was not approved to get the Cymbalta at this point." Recommendations state, "other than Cymbalta, just give her Protonix the anti-inflammatory and the pain management for pain psychologist for coping skills." Addendum to the note states, "of note, she has burning pain that goes down her neck to her right hip. She states she has some fullness in her hip and this caused her some discomfort. She cannot sleep at night. In addition, when she turns her head, she has issues. I do believe all these are related. I do believe that good pain management therapy will be helpful for [REDACTED]."

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of individual cognitive therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for individual cognitive therapy 6 sessions, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems but also with more widespread use in chronic pain populations. Guidelines go on to state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. ODG stated that an initial trial of 3 to 4 psychotherapy visits is recommended over 2 weeks. Additional therapy may be recommended with documentation of objective functional improvement. Within the documentation available for review, the current request is for 6 sessions of cognitive therapy. Guidelines clearly recommend an initial trial of 3 to 4 psychotherapy sessions. There is no documentation of objective functional improvement from an initial trial of 3 to 4 psychotherapy sessions, for which additional sessions would be indicated. The request for six sessions of individual cognitive therapy is not medically necessary or appropriate.

Six session of neuromuscular rehabilitation/biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Section Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for "neuromuscular rehabilitation/biofeedback, 6 sessions", Chronic Pain Medical Treatment Guidelines state that biofeedback is not recommended as a stand-alone treatment but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. ODG recommends considering biofeedback referral in conjunction with CBT after 4 weeks. Within the documentation available for review, there is no indication that the patient has had CBT (Cognitive Behavior Therapy) for 4 weeks, prior to the request for biofeedback. The request for six session of neuromuscular rehabilitation/biofeedback is not medically necessary or appropriate.