

Case Number:	CM13-0026899		
Date Assigned:	07/25/2014	Date of Injury:	09/21/2007
Decision Date:	08/29/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/19/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 21, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; psychological counseling; electrodiagnostic testing of November 2011, apparently notable for a chronic L4 radiculopathy; and one prior Synvisc injection. In a September 11, 2013 Utilization Review Report, the claims administrator partially certified a request for a pain management referral as a pain management evaluation only, denied a pain psychology evaluation, denied six sessions of biofeedback, and denied a Synvisc injection. The claims administrator stated that there was no evidence of the applicant's response to previous psychiatric modalities, including possible biofeedback. It was not stated whether or not the applicant had had prior biofeedback or not. The claims administrator also stated that biofeedback was not supported as a stand-alone treatment. The claims administrator did not incorporate cited guidelines into its rationale, however. The claims administrator used non-MTUS ODG guidelines to deny the Synvisc injections. The applicant's attorney subsequently appealed. In a September 23, 2013 progress note, the applicant presented with persistent complaints of low back and knee pain. The applicant was asked to pursue a 12-session course of physical therapy, obtain a Synvisc injection, and obtain MRI imaging of the knee while remaining off of work, on total temporary disability. The applicant had clinical and radiographic evidence of arthritis, it was acknowledged and had received four to five months of relief following the earlier Synvisc injection, it was stated. In an August 12, 2013 progress note, the applicant again presented with persistent complaints of knee and low back pain. Knee crepitation was noted. The applicant was asked to pursue a Synvisc injection for knee arthritis on the grounds that the applicant had received four to five months of pain relief with an earlier

Synvisc injection. The applicant was again placed off of work, on total temporary disability. It was suggested that the applicant obtain pain psychology and treatment to include six sessions of biofeedback owing to persistent complaints of pain which had proven recalcitrant to conservative treatment. The remainder of the file was surveyed. There was no evidence that the applicant had in fact received any previous biofeedback treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with ([REDACTED] for) pain management.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Acoem, for Independent Medical Examinations and Consultations regarding referrals Chapter 7 page 127 Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) guidelines for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. The applicant has ongoing multifocal pain complaints. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management physician, is indicated. Therefore, the request is medically necessary.

Follow up visit with [REDACTED] for pain psychology: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment topic Page(s): 101.

Decision rationale: As noted on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, psychological treatment is recommended for appropriately identifying chronic pain applicants during treatment for chronic pain. In this case, the applicant apparently has ongoing issues with chronic pain and difficulty with poor coping skills. The applicant is off of work, on total temporary disability. Obtaining a followup visit with the applicant's pain psychologist to facilitate the applicant's returning to some form of work and/or to facilitate the applicant's coping with her chronic pain issues is indicated. Therefore, the request is medically necessary.

Six (6) sessions of biofeedback therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines: Biofeedback.

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

Decision rationale: The request in question appears to represent a first-time request for biofeedback therapy. While approval of the request does result in improvement slightly beyond the initial trial of three to four biofeedback visits/psychotherapy visits recommended on page 25 of the MTUS Chronic Pain Medical Treatment Guidelines for an initial trial of biofeedback/psychotherapy, partial certifications are not permissible through the Independent Medical Review process. The applicant is having difficulty coping, has poor pain coping skills, has multifocal pain complaints, and is off of work. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, biofeedback is recommended as part of a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. In this case, the applicant is concurrently receiving psychological treatment. A psychological followup visit has been approved above, through a parallel question. Pursuit of some biofeedback to facilitate the applicant's returning to normal activity and some form of work is indicated, albeit at a rate slightly above and beyond the MTUS parameters. Therefore, the request are medically necessary.

Synvisc one (1) injection right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The MTUS does not address the topic. As noted in Third Edition ACOEM Guidelines, intraarticular knee viscosupplementation injections are recommended in the treatment of moderate-to-severe knee arthritis, as is present here. In this case, the applicant reportedly has clinically evident, radiographically confirmed knee arthritis, advanced. The applicant apparently exhibited a temporary favorable response with an earlier knee viscosupplementation (Synvisc) injection. The applicant apparently exhibited several months of pain relief following the same. Obtaining a repeat injection is therefore indicated. Accordingly, the request is medically necessary.