

<b>Case Number:</b>	CM13-0044721		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Interventional Spine 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. 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 patient is a 54-year-old female with date of injury 02/09/2010. Per report 09/03/2013 by ■■■■■, patient has exacerbation of low back pain radiation to buttock, numbness in left leg. Patient also has meniscal tear and underlying chondromalacia. The MRI from 11/09/2012 showed 4-mm disk protrusion at L4-L5, and EMG/NCS studies of the bilateral lower extremities from 10/10/2012 were normal. The patient's listed diagnoses were musculoligamentous sprain/strain of lumbar spine, disk protrusion at L4-L5, contusion of bilateral knees, status post bilateral knee arthroscopic surgery, bilateral ankle sprain/strains, thoracic outlet syndrome bilaterally, bilateral epicondylitis, rule out cubital tunnel syndrome bilaterally, rule out C8-T1 radiculopathy, strain/sprains of the wrists and thumbs, nonrestorative sleep due to pain and anxiety, adjustment disorder due to ongoing symptoms. The pain psychology evaluation was recommended for chronic pain management. The 10/14/2013 report is an initial psychological behavioral assessment report by ■■■■■. Listed DSM-IV diagnoses are major depressive episode, severe; pain disorder with post psychological factors and general medical condition. Recommendations were psychopharmacologic regimen to consider Cymbalta, patient is a fair candidate for opioid therapy, 6 sessions of combined neuromuscular reeducation about feedback autonomic quieting training, stress management were recommended for cognitive behavioral treatment. He indicates that biofeedback is a component of cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for combined neuromuscular reeducation biofeedback, autonomic quieting training and stress management for cognitive behavioral treatment of orthopedic pain once a week for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Section Page(s): 23.

**Decision rationale:** This patient presents for chronic pain syndromes with pains in the neck, low back, upper and lower extremities including the knees. The patient's MRI of the lumbar spine demonstrated 4-mm disk protrusion at L4-L5. Low back and lower extremity symptoms appear to be the most insignificant symptoms. The patient has concurrent anxiety and depression disorder due to chronic pain, and the patient was referred to psychology for cognitive behavioral therapy recommendations. [REDACTED], psychologist, per report 10/04/2013 recommends 6 sessions of combined neuromuscular reeducation biofeedback autonomic quieting training and stress management. This request was denied by utilization review 10/29/2013 indicating that MTUS Guidelines support initial trial of 4 psychotherapy visits to begin with. The California MTUS Guidelines page 23 under behavioral intervention states that this is recommended, but the initial trial of 3 to 4 psychotherapy visits over 2 weeks should be allowed and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks of individual sessions. The provider's request for 6 sessions would appear reasonable, but the sessions should start with 4 initial sessions as recommended by MTUS Guidelines and then additional sessions may be requested as allowed per MTUS. The current request for 6 sessions of behavioral cognitive therapy including biofeedback and stress management exceeds the number of treatments allowed for initial trial per MTUS Guidelines. The recommendation is for denial.

**The request for individual cognitive behavioral therapy once a week for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Section Page(s): 23.

**Decision rationale:** This patient presents for chronic pain syndromes with pains in the neck, low back, upper and lower extremities including the knees. The patient's MRI of the lumbar spine demonstrated 4-mm disk protrusion at L4-L5. Low back and lower extremity symptoms appear to be the most insignificant symptoms. The patient has concurrent anxiety and depression disorder due to chronic pain, and the patient was referred to psychology for cognitive behavioral therapy recommendations. [REDACTED], psychologist, per report 10/04/2013 recommends 6 sessions of combined neuromuscular reeducation biofeedback autonomic quieting training and stress management. This request was denied by utilization review 10/29/2013 indicating that MTUS Guidelines support initial trial of 4 psychotherapy visits to begin with. The California MTUS Guidelines page 23 under behavioral intervention states that this is recommended, but the

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