

<b>Case Number:</b>	CM13-0066335		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/27/2003
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Psychiatry and Neurology 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:

According to the records made available for review, this is a 57-year-old female with a 10/27/03 date of injury. At the time (11/11/13) of request for authorization for new patent psychology consult x 1 followed by 5 office visits, there is documentation of subjective (low back pain, right buttock pain, and right sacroiliac joint pain) and objective (tenderness over the right sacroiliac joint with positive Patrick's and Faber's tests) findings, current diagnoses (myalgia, chronic back pain, and right piriformis muscle syndrome), and treatment to date (physical therapy and medications). In addition, 11/11/13 request for authorization (RFA) form identifies new patient psychology consult x1 and follow x5 for biofeedback. There is no documentation of a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach, in conjunction with a Cognitive-Behavioral Therapy (CBT) program to facilitate exercise therapy and return to activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **NEW PATENT PSYCHOLOGY CONSULT X 1 FOLLOWED BY 5 OFFICE VISITS:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation; Biofeedback Page(s): 100-102, 24-25.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. ODG identifies that psychological evaluations are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. In addition, ODG identifies documentation of chronic pain and a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach, as criteria necessary to support the medical necessity of biofeedback in conjunction with CBT. Furthermore, ODG supports an initial trial of 4 visits, and with evidence of objective functional improvement, a total of up to 6-10 visits. Within the medical information available for review, there is documentation of diagnoses of myalgia, chronic back pain, and right piriformis muscle syndrome. In addition, given documentation of chronic back pain and that the request for psychology consult and subsequent office visits is for biofeedback therapy, there is documentation of chronic pain and a rationale for consultation with a psychologist to allow for screening, assessment of goals, and further treatment options (biofeedback). However, there is no documentation of a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach, in conjunction with a CBT program to facilitate exercise therapy and return to activity. Therefore, based on guidelines and a review of the evidence, the request for new patent psychology consult x 1 followed by 5 office visits is not medically necessary.