

Case Number:	CM13-0068639		
Date Assigned:	01/03/2014	Date of Injury:	04/12/2002
Decision Date:	06/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 Psychology, 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 patient is an employee of [REDACTED] and has submitted a claim for psychogenic pain associated with an industrial injury date of April 12, 2002. Treatment to date has included oral and topical analgesics, acupuncture, spinal cord stimulator trial, lumbar epidural steroid injection, cognitive behavioral therapy and home exercise program. Medical records from 2012 to 2014 were reviewed and showed low back pain with lower extremity numbness and tingling. Physical examination showed tenderness over the cervical and lumbar paraspinal muscles with spasms; limitation of motion of the cervical and lumbar spine; diminished sensation of the left L4, L5 and S1 dermatomes; and a positive SLR bilaterally. Current diagnoses include failed low back surgery syndrome; lumbar stenosis, worse at L4-5, T12-L1; spinal cord compression; and chronic pain syndrome. The patient was also diagnosed with pain disorder with psychological factors and a general medical condition and Major Depressive Disorder. A utilization review dated December 5, 2013 denied the requests for 16 cognitive behavioral therapy individual sessions between 11/19/2013 and 2/1/2014, 16 cognitive behavioral therapy group sessions between 11/19/2013 and 2/1/2014, and 6 biofeedback therapy sessions between 11/19/2013 and 2/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 COGNITIVE BEHAVIORAL THERAPY (CBT) INDIVIDUAL SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Page 23 of the MTUS Chronic Pain Guidelines recommends behavioral interventions and states that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG recommends an initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, a total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, the documents show that the patient had attended previous cognitive behavioral therapy sessions; however the response to the treatment was not documented. Moreover, the number of visits from previous CBT sessions was not specified; it is unclear whether the total number of visits would exceed the ODG recommendation when the additional sessions are included. An additional course of CBT is not warranted at this time due to lack of information. Therefore, the request is not medically necessary.

16 COGNITIVE BEHAVIORAL THERAPY GROUP SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Page 23 of the MTUS Chronic Pain Guidelines recommends behavioral interventions and states that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG recommends an initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, a total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, the documents show that the patient had attended previous cognitive behavioral therapy sessions; however the response to the treatment was not documented. Moreover, the number of visits from previous CBT sessions was not specified; it is unclear whether the total number of visits would exceed the ODG recommendation when the additional sessions are included. An additional course of CBT is not warranted at this time due to lack of information. Therefore, the request is not medically necessary.

PROSPECTIVE REQUEST FOR 6 BIOFEEDBACK THERAPY SESSIONS: Upheld

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

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

Decision rationale: Page 24 of the MTUS Chronic Pain Guidelines state that 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. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. In this case, the patient is not a candidate for additional CBT at this time due to lack of documented functional improvement from previous therapy sessions. The MTUS Chronic Pain Guidelines clearly states that biofeedback should be an adjunct to CBT. Therefore, the request is not medically necessary.