

Case Number:	CM14-0003687		
Date Assigned:	02/03/2014	Date of Injury:	11/25/2008
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 49 year old male with a work injury dated 11/20/08. The diagnoses include right foot pain, etiology unclear, possible complex regional pain syndrome versus synovitis, right lower extremity neuropathic pain, chronic pain syndrome, and depression. There are requests for the medical necessity of cognitive behavioral therapy x 6 sessions, acupuncture 1 x 6 for the right foot, and biofeedback in conjunction with cognitive behavioral therapy x 6 sessions. There is a 12/17/13 document from pain management that the is having problems with his right foot. The patient states that his pain continues to vary. It varies between an 8 and 9/10. It is worse in hot weather. The foot swells. The patient states that he is losing weight and eating healthier. He states he has been pacing himself better. He is tolerating his medications. Neurontin helps with pain. Physical exam reveals that the patient was using a cane with his cast boot. There is a request for 6 more acupuncture sessions to help with his pain. There is a 10/29/13 pain management document that states that as of this year, the patient had a total of 6 sessions of cognitive-behavioral therapy with relaxation techniques using biofeedback with excellent benefits. His last therapy was on 3/27/13. It was noted from the therapists note that the patient was successful in establishing and practicing light exercises, stretching, guided imagery relaxation exercises, stress management techniques, cognitive restructuring techniques, stress inoculation, using clear and assertive communication, and using good prioritization and time management. The physician documenting the report states that his overwhelming coping abilities and subsequent emotional distress are complicating his optimal functional recover. He requires six additional sessions of cognitive-behavioral therapy to improve coping strategies if he is to increase his function and daily activities with six additional sessions of relaxation techniques using biofeedback to reduce the impact of physical tension on pain and physical functioning (concurrent with CBT).

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 X 6 FOR THE RIGHT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation 9792.20. Medical Treatment Utilization Schedule--Definitions (functional improvement) page 1

Decision rationale: Acupuncture 1 x 6 for the right foot is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS guidelines state that the time to produce functional improvement is 3 to 6 treatments. The documentation indicates that the patient has had 6 sessions without significant functional improvement as defined by the MTUS. The request for additional acupuncture 1 x 6 is not medically necessary.

COGNITIVE BEHAVIORAL THERAPY X 6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, COGNITIVE BEHAVIORAL THERAPY,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for.

Decision rationale: Cognitive behavioral therapy x 6 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has already had 6 sessions of cognitive behavioral therapy. An additional 6 sessions would exceed guidelines recommendations. There is documentation that on 3/8/11 continued CBT (cognitive behavior therapy) was recommended and it was felt that if all this failed, the patient would be a candidate for a functional restoration program. The documentation indicates that the patient has had numerous cognitive behavioral therapy in the past without sustained functional improvement or improvement in mood. The MTUS states that with evidence of objective functional improvement, total of up 10 visits over 5-6 weeks is appropriate. Without evidence of efficacy of prior CBT, the request for cognitive behavioral therapy x 6 sessions is not medically necessary.

BIOFEEDBACK TREATMENT IN CONJUNCTION WITH COGNITIVE BEHAVIORAL THERAPY X 6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT,

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

Decision rationale: Biofeedback in conjunction with cognitive behavioral therapy x 6 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines do not recommend biofeedback 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. The request for cognitive behavioral therapy was not deemed medically necessary, therefore the request for biofeedback in conjunction with cognitive behavioral therapy x 6 sessions is not medically necessary.