

Case Number:	CM14-0005033		
Date Assigned:	02/05/2014	Date of Injury:	10/01/2006
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/14/2014

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 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 has submitted a claim for major depression with anxiety and panic feelings, multi-level strain/sprain, and cervical and lumbar radiculopathy, status post C5 through C7 anterior cervical discectomy and fusion with instrumentation (03/2009). Medical records from 01/15/2013 to 12/28/2013 were reviewed and showed that patient complains of depression, anxiety, irritability, and insomnia. She has crying episodes, damaged self esteem, diminished sexual drive, and deficits in her attention, memory, and concentration. There are also reports of mental confusion. Psychological testing showed moderate to severe depression, severe anxiety, severe clinical insomnia, and no suicidal ideations. Physical examination showed cervical and lumbar paravertebral tenderness. Spurling's maneuver and seated nerve root test were positive. There was restricted range of motion. There was dysesthesia at the C6, C7, L5, and S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCHOTHERAPY X 6 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 23.

Decision rationale: As stated on page 23 of CA MTUS Chronic Pain Medical Treatment Guidelines, Cognitive Behavioral Therapy (CBT) is recommended for patients with delayed recovery. Initial therapy for these patients should be physical medicine for exercise instruction, using a cognitive motivational approach. Separate psychotherapy CBT referral is recommended after 4 weeks if there is lack of progress from physical medicine alone. An initial trial of 3-4 psychotherapy visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks is recommended. In this case, the patient has had previous physical therapy and still continues to experience neck and back pain. However, the present request exceeds the recommended amount of initial CBT sessions. Therefore, the request for cognitive behavioral psychotherapy x 6 sessions is not medically necessary and appropriate.

BIOFEEDBACK SESSIONS X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Page(s): 26.

Decision rationale: As stated on page 26 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. It is recommended for patients with delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Biofeedback referral is recommended in conjunction with CBT after 4 weeks. An initial trial of 3-4 psychotherapy visits over 2 weeks is recommended. In this case, the patient has had previous physical therapy and still continues to experience neck and back pain. The medical necessity has been established. However, the present request exceeds the recommended amount of initial biofeedback sessions. Therefore, the request for biofeedback sessions x 6 is not medically necessary and appropriate.