

Case Number:	CM14-0106946		
Date Assigned:	08/01/2014	Date of Injury:	08/28/2001
Decision Date:	09/22/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 65-year-old male with an 8/28/01 date of injury. At the time (6/5/14) of request for authorization for Physical therapy with biofeedback 2x4, there is documentation of subjective (chronic low back pain with radiation to the legs with weakness) and objective (tenderness to palpation over the lumbar paraspinal muscles with restricted passive range of motion, weakness of the right extensor hallucis longus, and decreased Achilles reflexes) findings, current diagnoses (lumbar post-laminectomy syndrome, lumbar radiculitis, lumbar spondylosis without myelopathy, and disorder of sacrum), and treatment to date (at least 18 physical therapy sessions over a year ago; medications, lumbar injections, and lumbar fusion on 5/17/12). In addition, 7/3/14 medical report identifies a request for additional physical therapy to improve core functional status, as well as improve gait training to reduce the risk of falling. There is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date, and that biofeedback will be used in conjunction with cognitive behavioral therapy (CBT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with biofeedback 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 25, 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy, biofeedback therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; Biofeedback Page(s): 95; 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Pain, Physical therapy; Biofeedback.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain or stress/anxiety/depression 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 cognitive behavioral therapy (CBT). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar spondylosis with radiculitis not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. In addition, ODG supports an initial trial of 4 visits of biofeedback. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, lumbar radiculitis, lumbar spondylosis without myelopathy, and disorder of sacrum. Regarding physical therapy, there is documentation of previous physical therapy with a request for additional physical therapy to improve core functional status, as well as improve gait training to reduce the risk of falling. However, given documentation of at least 18 physical therapy sessions completed to date, which exceeds guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Regarding biofeedback, there is documentation of chronic pain and a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach. However, there is no documentation that biofeedback will be used in conjunction with cognitive behavioral therapy (CBT). In addition, the proposed number of biofeedback sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy with biofeedback 2x4 is not medically necessary.