

Case Number:	CM14-0016272		
Date Assigned:	04/11/2014	Date of Injury:	10/31/2012
Decision Date:	07/31/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Licensed in Psychologist and is licensed to practice in Texas. 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 injured worker is a 56-year-old male who reported an injury on 10/31/2012. The mechanism of injury was not provided. On 03/06/2014, the injured worker presented with pain in the neck and lumbar spine with numbness of the right foot and weakness of the legs and arms. Upon examination, there was a positive Spurling's, a positive straight leg raise, and decreased strength of the bilateral upper extremities and bilateral lower extremities. Prior therapy included medication, cognitive behavioral therapy, and biofeedback sessions. The diagnoses were myofascial pain syndrome and strain of the cervical and lumbar spine. The provider recommended an additional 8 cognitive behavioral therapy sessions and an additional 8 biofeedback sessions over 3 to 4 months. The provider's rationale was not provided. The request for authorization form is dated 11/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Cognitive Behavioral Therapy (CBT) Sessions Performed Concurrently With Biofeedback Over 3-4 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions chapter: Biofeedback Page(s): 23-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy chapter: Guidelines for Chronic Pain Page(s): 23.

Decision rationale: The request for 8 additional cognitive behavioral therapy (CBT) sessions performed concurrently with biofeedback over 3-4 months is not medically necessary. The California MTUS Guidelines recommend cognitive behavioral therapy sessions for injured workers with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at-risk injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. An initial trial of 3 to 4 visits over 2 weeks would be recommended and with evidence of objective functional improvements a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The included documentation lacked evidence of the efficacy of the prior cognitive behavioral therapy sessions, as well as objective functional improvements to include increased function and decreased medication. The request for an 8 additional therapy sessions exceeds the recommendations of the Guidelines. As such, the request for 8 additional cognitive behavioral therapy (CBT) sessions performed concurrently with biofeedback over 3-4 months is not medically necessary.

8 Biofeedback Sessions Over 3-4 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback chapter Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback chapter Page(s): 24-25.

Decision rationale: The request for 8 biofeedback sessions over 3-4 months is not medically necessary. The California MTUS does not recommend biofeedback as a standalone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to work. 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. The initial therapy for injured workers should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy. The guidelines state that a possible consideration of biofeedback referral in conjunction with cognitive behavioral therapy after 4 weeks, the initial trial would be 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks in conjunction with biofeedback. The included documentation lacked evidence of objective functional improvement with the prior biofeedback sessions, to include increase function and decreased medication. Additionally, the request for cognitive behavioral therapy was not medically necessary, so the associated request of biofeedback would not be medically necessary. As such, the request for 8 biofeedback sessions over 3-4 months is not medically necessary.