

Case Number:	CM14-0123901		
Date Assigned:	08/08/2014	Date of Injury:	12/24/2010
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

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 Orthopedic surgery 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 claimant is a 50-year-old female injured on December 24, 2010. The records provided for review document an injury to the low back. A progress report dated June 17, 2014, references ongoing complaints of bilateral lower extremity and back pain, for which recent facet joint injections were of no benefit. A February 2013 MRI report showed multilevel disc protrusions, foraminal narrowing and degenerative findings. There was no indication of specific compressive pathology on the imaging report. Physical examination showed tenderness to the lumbar spine with palpation, restricted range of motion, positive right-sided straight leg raising, and diminished sensation over the anterior and posterior legs bilaterally in a non-dermatomal distribution. In addition to the facet joint injections, the claimant has been treated with physical therapy, medication management and activity restriction. This request is for cognitive behavioral therapy with biofeedback and six additional sessions of physical therapy for the management of lumbar complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 6 to the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy to the lumbar spine would not be indicated. Under the Chronic Pain Guidelines, physical therapy can provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling. In this case, the claimant has already undergone a significant course of conservative care, including prior physical therapy, dating back to 2010. The reviewed records do not document acute clinical findings or a rationale for why additional formal therapy would be indicated in an individual who should be well-versed in the use of home exercises. The request for additional physical therapy at this stage post-injury and absent acute exacerbation would not be established as medically necessary. As such, the request of Physical Therapy times 6 to the lumbar is not medically necessary and appropriate.

Six (6) Cognitive behavioral therapy sessions with Biofeedback: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support treatment with cognitive therapy, including biofeedback. According to the Chronic Pain Guidelines, Biofeedback is not recommended as a stand-alone treatment. When utilized in combination with cognitive behavioral therapy, the Chronic Pain Guidelines limit biofeedback to three to four sessions over a two-week period of time to demonstrate efficacy. The request for six sessions of cognitive therapy with biofeedback would exceed guidelines maximums and, therefore, would not be supported as medically necessary.