

<b>Case Number:</b>	CM14-0164206		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Internal Medicine and is licensed to practice in Pennsylvania. 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 37-year-old woman with a date of injury of 02/09/2009. An office visit note by [REDACTED] dated 03/20/2014 and a psychiatric QME report by [REDACTED] dated 07/28/2014 identified the mechanism of injury as restraining a dog while working in a veterinary emergency hospital, resulting in injury to the worker's right thumb and wrist. Office visit notes by [REDACTED] dated 03/20/2014, 04/17/2014, 07/07/2014, and 08/19/2014 and the above psychiatric QME report indicated the worker was experiencing right arm pain and numbness, headaches, facial numbness, depressed and anxious mood, and anger. Documented examinations consistently described decreased light touch sensation in along the C6 nerve from the spine, upper back spasm without tenderness, decreased right wrist motion, slightly decreased right handgrip strength when compared with the left hand, and right forearm mottling and increased pain with light touch. The submitted and reviewed documentation concluded the worker was suffering from Chronic Regional Pain Syndrome type I, right shoulder-hand syndrome, tension headaches, long-standing migraines, moderate secondary major depression disorder, anxiety disorder, and insomnia due to pain. Treatment recommendations included oral pain medications with adjustments, a topical pain medication, acupuncture, psychiatric medication, and cognitive behavioral therapy with biofeedback treatment. A Utilization Review decision by [REDACTED] was rendered on 09/04/2014 recommending non-certification for six sessions of biofeedback therapy over ninety days and six sessions of cognitive behavioral therapy over ninety days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavior Therapy x 6 sessions in 90 days.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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

**Decision rationale:** The MTUS Guidelines recommend the use of cognitive behavioral therapy, a type of psychological treatment, as a secondary treatment for those with risk factors for delayed recovery. Initial treatment should include at least 4 weeks of physical therapy with a cognitive motivational approach. If this is insufficient, a trial of 3 to 4 psychotherapy visits over two weeks should be considered. If the worker demonstrates functional improvement, another six to ten visits over six weeks can be considered. The submitted and reviewed documentation concluded the worker was suffering from Chronic Regional Pain Syndrome type I, right shoulder-hand syndrome, moderate secondary major depression disorder, and anxiety disorder, in addition to other issues. Thorough pain and function assessments were documented, as was the worker's psychological and motivational statuses. While there was no discussion of recent treatment with physical therapy, the reviewed records contained a detailed description of various treatments pursued since completing prior physical therapy and their results. The submitted and reviewed documentation consistently described on-going uncontrolled pain limiting the worker's function despite these treatments. Objective findings were consistent with the worker's reports. However, the MTUS Guidelines suggest an initial trial of 3 to 4 psychotherapy visits over two weeks. If the worker demonstrates functional improvement, another six to ten visits over six weeks can be considered. The proposed request is not consistent with the MTUS Guidelines. For this reason, the current request for six sessions of cognitive behavioral therapy over ninety days is not medically necessary.

**Biofeedback Therapy x 6 sessions in 90 days.: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines recommend the use of biofeedback therapy only together with cognitive behavioral therapy, a type of psychological treatment, for those workers who are particularly motivated and self-disciplined as a second-line treatment option. The potential benefits include decreased pain because the worker gains a feeling of control as pain becomes a manageable symptom. The Guidelines recommend screening patients with risk factors for delayed recovery for the motivation to comply with a treatment regimen requiring high levels of self-discipline. Initial treatment should include at least 4 weeks of physical therapy with a cognitive motivational approach. If this is insufficient, a trial of 3 to 4 visits for psychotherapy with biofeedback treatment over two weeks should be considered. If the worker

demonstrates functional improvement, another six to ten visits over six weeks can be considered. The worker is then to continue the biofeedback exercises at home for continued maintenance therapy. The submitted and reviewed documentation concluded the worker was suffering from Chronic Regional Pain Syndrome type I, right shoulder-hand syndrome, moderate secondary major depression disorder, and anxiety disorder, in addition to other issues. Thorough pain and function assessments were documented, as was the worker's psychological and motivational statuses. While there was no discussion of recent treatment with physical therapy, the reviewed records contained a detailed description of various treatments pursued since completing prior physical therapy and their results. The submitted and reviewed documentation consistently described on-going uncontrolled pain limiting the worker's function despite these treatments. Objective findings were consistent with the worker's reports. However, the MTUS Guidelines suggest an initial trial of 3 to 4 visits for psychotherapy with biofeedback treatment over two weeks. If the worker demonstrates functional improvement, another six to ten visits over six weeks can be considered. The worker is then to continue the biofeedback exercises at home for continued maintenance therapy. The proposed request is not consistent with the MTUS Guidelines. For this reason, the current request for six sessions of biofeedback therapy over ninety days is not medically necessary. The submitted and reviewed documentation concluded the worker was suffering from Chronic Regional Pain Syndrome type I, right shoulder-hand syndrome, moderate secondary major depression disorder, and anxiety disorder, in addition to other issues. Thorough pain and function assessments were documented, as was the worker's psychological and motivational statuses. While there was no discussion of recent treatment with physical therapy, the reviewed records contained a detailed description of various treatments pursued since completing prior physical therapy and their results. The submitted and reviewed documentation consistently described on-going uncontrolled pain limiting the worker's function despite these treatments. Objective findings were consistent with the worker's reports. However, the MTUS Guidelines suggest an initial trial of 3 to 4 visits for psychotherapy with biofeedback treatment over two weeks. If the worker demonstrates functional improvement, another six to ten visits over six weeks can be considered. The worker is then to continue the biofeedback exercises at home for continued maintenance therapy. The proposed request is not consistent with the MTUS Guidelines. For this reason, the current request for six sessions of biofeedback therapy over ninety days is not medically necessary.