

Case Number:	CM14-0174274		
Date Assigned:	10/24/2014	Date of Injury:	03/16/2012
Decision Date:	12/03/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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 Management 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 53-year-old female with a 3/16/12 date of injury. At the time (9/10/14) of request for authorization for Cognitive therapy treatment, QTY: 6 sessions, Biofeedback Treatment, QTY: 6 sessions, and Norflex ER 100 mg, QTY: 90, there is documentation of subjective (neck, bilateral upper extremity, as well as knee pain; depression; and anxiety) and objective (tenderness over knee joint and decreased right knee range of motion) findings, current diagnoses (chronic pain, lower leg osteoarthritis, cervical spondylosis, and cervical intervertebral disc degeneration), and treatment to date (knee injections, 4 sessions of cognitive behavior therapy, physical therapy, and medications (including ongoing treatment with Norflex since at least 5/23/14, Prilosec, and Ultram)). Regarding Cognitive therapy treatment, QTY: 6 sessions, there is no documentation of objective functional improvement with previous cognitive therapy completed to date. Regarding Biofeedback treatment, QTY: 6 sessions, there is no documentation of a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach; and biofeedback in conjunction with CBT. Regarding Norflex ER 100 mg, QTY: 90, there is no documentation of acute exacerbation of chronic low back pain; an intention for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norflex use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive therapy treatment, QTY: 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of chronic pain, lower leg osteoarthritis, cervical spondylosis, and cervical intervertebral disc degeneration. In addition, there is documentation of 4 sessions of cognitive behavior therapy completed to date; and a request for additional 6 sessions of cognitive behavior therapy. However, there is no documentation of objective functional improvement with previous cognitive therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for Cognitive therapy treatment, QTY: 6 sessions is not medically necessary.

Biofeedback treatment, QTY: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation; Biofeedback Page(s): 100-102; 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress; Pain, Psychological Evaluation; Biofeedback

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies 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. ODG identifies that psychological evaluations are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. In addition, ODG identifies documentation of chronic pain 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 CBT. Furthermore, ODG supports an initial trial of 4 visits, and with evidence of objective functional improvement, a total of up to 6-10 visits. Within the medical information available for review, there is documentation of diagnoses of chronic pain, lower leg osteoarthritis, cervical spondylosis, and cervical intervertebral disc degeneration. In addition, there is documentation of previous cognitive behavior therapy. However, despite documentation of an associate request for additional cognitive behavior therapy, there is no (clear) documentation of a lack of progress after 4 weeks

of physical medicine using a cognitive motivational approach. In addition, given documentation of non-certification of cognitive behavior therapy, there is no documentation of biofeedback in conjunction with CBT. Therefore, based on guidelines and a review of the evidence, the request for Biofeedback treatment, QTY: 6 sessions is not medically necessary.

Norflex ER 100 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. 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 identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of chronic pain, lower leg osteoarthritis, cervical spondylosis, and cervical intervertebral disc degeneration. In addition, there is documentation of Norflex used as a second line option. However, despite documentation of pain, and given documentation of a 3/16/12 date of injury, there is no documentation of acute muscle spasm, or acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescription for Norflex since at least 5/23/14, there is no documentation of an intention for short-term (less than two weeks) treatment. Furthermore, given documentation of ongoing treatment with Norflex, 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 as a result of Norflex use to date. Therefore, based on guidelines and a review of the evidence, the request for Norflex ER 100 mg, QTY: 90 is not medically necessary.