

Case Number:	CM14-0178804		
Date Assigned:	11/03/2014	Date of Injury:	10/10/2012
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Practice, 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:

51 yr. old female claimant sustained a work injury on 10/10/12 involving the back. She was diagnosed with lumbar strain/radiculitis, thoracic strain and lumbar spinal stenosis. In addition she had a sleep disorder and depression. A progress note on 9/17/14 indicated the claimant had low back pain that worsened with activities. Exam findings were notable for thoracic and lumbar spine tenderness. She had previously seen a psychologist in March and July of 2014. The psychologist previously recommended in July 2014 that the claimant needs biofeedback, counseling and stress management along with 15 visits of cognitive behavioral therapy. In addition, the claimant was given a 30 day supply of Flexeril for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological counseling to include biofeedback, stress management, support groups.:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, biofeedback therapy 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. The ODG guidelines state (as referenced in the MTUS guidelines) to possibly consider biofeedback referral in conjunction with CBT after 4 weeks. In this case, the claimant was recommended to undergo CBT. This would encompass stress management. The claimant had not undergone CBT and the guidelines recommended considering biofeedback after 4 weeks of CBT. The request for counseling as above, at this point, is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been given Flexeril for a month supply- beyond the short term recommended. Flexeril as prescribed above is not medically necessary.