MAXIMUS Federal Services

Case Number:	CM14-0020292		
Date Assigned:	04/25/2014	Date of Injury:	03/27/2012
Decision Date:	08/06/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 occupational medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and tinnitus reportedly associated with an industrial injury of March 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated January 31, 2014, the claims administrator denied a request for an orthopedic bed and cognitive behavioral therapy. The claims administrator cited a variety of non-MTUS Guidelines, including the now-renumbered MTUS 9792.20e. The claims administrator also cited Chapter 6 ACOEM Guidelines and 2007 ACOEM Guidelines, many of which are mislabelled as originating from the MTUS. The claims administrator apparently denied the request for cognitive behavioral therapy/biofeedback on the grounds that there was no rationale for biofeedback/CBT for tinnitus with a nexus to date of injury. Thus, it appeared that the claims administrator based its denial, in part, on causation grounds. The applicant's attorney subsequently appealed. An April 15, 2014 progress note was notable for comments that the applicant had persistent complaints with tinnitus. The attending provider appealed the Utilization Review denial of cognitive behavioral therapy and biofeedback. The applicant was apparently recently admitted for pancreatitis. The applicant had issues with tinnitus status post closed-head injury, it was stated. The applicant was using a lumbar support, it was stated. Painful limited lumbar range of motion was noted. The applicant is status post laminectomy surgery in February 2014. It was stated that the applicant's amylase and lipase had normalized. The applicant was asked to discontinue Percocet and diminish oxycodone usage. The applicant's work status was not stated, although it did not appear that the applicant was working. In an April 1, 2014 questionnaire, the applicant stated that he was having difficulty performing a number of issues

secondary to pain. The applicant also stated that he is having memory, concentration, and speech issues. The applicant stated that he was depressed, having issues with poor motivation and loss of appetite. On April 7, 2014, a medical-legal evaluator suggested that the applicant obtain neuropsychological testing. On March 4, 2014, the applicant's treating provider again sought authorization for biofeedback and cognitive behavioral therapy for tinnitus. It was stated that the applicant had failed treatment for tinnitus including medications. The applicant was asked to continue Norco. An orthopedic mattress was sought for chronic low back pain. The remainder of the file was surveyed. There was no clear evidence that the applicant had received previous cognitive behavioral therapy and/or biofeedback therapy, either for depression or for tinnitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY / BIOFEEDBACK, DIRECTED TO CHRONIC TINNITUS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-401.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, pg. 399 through 401, a variety of stress management techniques can be employed for psychological stress and depression, including meditation, relaxation techniques, biofeedback, cognitive techniques, and stress inoculation therapy. In this case, the request for biofeedback and cognitive behavioral therapy seemingly represents a first-time request. The applicant is apparently having issues with tinnitus, either stand-alone, the result of a closed-head injury, and/or influenced in part by ongoing issues with depression and anxiety. The request is question is seemingly a first-time request for the same. It is further noted that the original Utilization Review denial was based on causation grounds, while Independent Medical Review only considers medical necessity. Therefore, the request is medically necessary, for all of the stated reasons.

PURCHASE OF ORTHOPEDIC BED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 76-77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Other Medical Treatment Guideline or Medical Evidence: ACOEM, Chronic Pain, General Principles of Treatment, Specific Treatment Interventions, Activity Modification and Exercise Recommendation: Specific Beds or Other Commercial Sleep Products for Chronic Pain Syndromes.

Decision rationale: The MTUS does not address the topic of mattresses, beds, or sleeping surfaces. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, however, specific beds or other commercial sleep aids are not recommended for treatment of chronic pain syndromes. There is no evidence that any specific bed or mattress could play a role in ameliorating an applicant's chronic pain issues, ACOEM notes. In this case, no compelling applicant-specific information, rationale, or medical commentary was attached to the application for Independent Medical Review as to as offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.