

<b>Case Number:</b>	CM14-0026140		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/28/2007
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Physical Medicine and Rehabilitation 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:

This 56 year-old patient sustained an injury when she was rear-ended on 10/28/07 while employed by [REDACTED]. Request(s) under consideration include Biofeedback X 6 Sessions and Cognitive Behavioral Therapy X12 Sessions. Diagnoses include sciatic nerve lesion; shoulder joint pain; thoracic and lumbosacral neuritis/ radiculitis; lumbago; and rotator cuff sprain/strain. AME psychiatric re-evaluation on 10/16/13 noted patient treated with biofeedback and supportive individual therapy with benefit in 2012. She had depression which improved for a time; however, was devastated when her spouse suddenly died in his sleep on 11/11/12. Therapist noted patient had developed posttraumatic stress disorder from industrial accident, job loss, and loss of spouse. Treatment was cut off in early 2013. Report of 12/19/13 from the provider note chronic low back pain rated 9/10. The patient had stopped follow-up in July 2013 as medications were not authorized. Exam showed normal gait; restricted lumbar range of motion; positive SLR at seated 60 degrees; decreased sensation over left lateral calf. Medications list Tramadol and Gabapentin. Treatment plan included psychological consult x 1 for depression and anxiety. Report of 1/29/14 from the provider noted patient requiring minimum of 12 sessions of CBT for symptoms of depression, anxiety, and chronic pain along with sessions of biofeedback training. Request(s) for Biofeedback X 6 Sessions and Cognitive Behavioral Therapy X12 Sessions were not medically necessary on 2/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **BIOFEEDBACK X 6 SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Biofeedback Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Biofeedback, pages 374-375.

**Decision rationale:** This 56 year-old patient sustained an injury when she was rear-ended on 10/28/07 while employed by [REDACTED]. Request(s) under consideration include Biofeedback X 6 Sessions and Cognitive Behavioral Therapy X12 Sessions. Diagnoses include sciatic nerve lesion; shoulder joint pain; thoracic and lumbosacral neuritis/ radiculitis; lumbago; and rotator cuff sprain/strain. Ortho AME report of 2/19/09 noted patient with diagnoses of history of rotator cuff partial tear s/p arthroscopic surgery and chronic cervical strain. AME psychiatric re-evaluation on 10/16/13 noted patient has had multiple interruptions with time for authorization, finding a willing treater, personal family obligations with grandson, and missed appointment with clinician. The patient treated with biofeedback and supportive individual therapy with benefit in 2012. She had depression which improved for a time; however, was devastated when her spouse suddenly died in his sleep on 11/11/12. Therapist noted patient had developed posttraumatic stress disorder from industrial accident, job loss, and loss of spouse. Treatment was cut off in early 2013. Further psychotherapy with same therapist was recommended up to two months. Report of 12/19/13 from the provider note chronic low back pain rated 9/10. The patient had stopped follow-up in July 2013 as medications were not authorized. Exam showed normal gait; restricted lumbar range of motion; positive SLR at seated 60 degrees; decreased sensation over left lateral calf. Medications list Tramadol and Gabapentin. Treatment plan included psychological consult x 1 for depression and anxiety. Report of 1/29/14 from the provider noted patient requiring minimum of 12 sessions of CBT for symptoms of depression, anxiety, and chronic pain along with sessions of biofeedback training. Per Guidelines, Biofeedback is not suggested as a stand-alone therapy, but may be incorporated after an adequate trial of Cognitive Behavioral Therapy (CBT). The CBT must first show functional improvements and the necessity of the biofeedback as appropriate in order to deal better with the pain, improve functionality, and decrease medications; however, this has not been adequately demonstrated in the submitted reports as the patient's function remains unchanged with overall daily activities without decrease in opioid dosages, medical utilization, and has failed to progress with any work status post CBT already rendered. Medical necessity for Biofeedback has not been established and guidelines criteria are not met. The Biofeedback X 6 Sessions is not medically necessary and appropriate.

## **COGNITIVE BEHAVIORAL THERAPY X12 SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401, Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BEHAVIORAL INTERVENTIONS-COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**Decision rationale:** The patient continues to treat for chronic pain complaints without report of new injury or acute flare-ups for this October 2007 injury. Clinical findings remained unchanged and previous psychological treatment has not resulted in any correlated functional improvement in terms of increase in ADLs, objective vocational improvement, decrease in medication usage and dosages, or decrease in medical utilization for this chronic injury. Submitted reports have not described why additional sessions are needed or identified what specific goals are to be obtained from the additional psychotherapy treatment to meet guidelines criteria to continue treatment received in 2012. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued Psychotherapy. Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions with up to 6-10 visits over 5-6 weeks; however, does not recommend 12 initial visits without documented functional improvement. The Cognitive Behavioral Therapy X12 Sessions is not medically necessary and appropriate.