MAXIMUS Federal Services

Case Number:	CM14-0028189		
Date Assigned:	06/23/2014	Date of Injury:	07/13/2004
Decision Date:	08/05/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/05/2014

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 licensed in Psychology and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 07/13/2004 due to a fall. The injured worker complained of back pain. In the examination dated 02/12/2014, there was a slight tenderness in the paralumbar region, left more than right. The injured worker's diagnoses are status post anterior cervical discectomy and fusion, status post hoarseness improved, lumbar radiculopathy both lower extremities, and lumbar L5-S1 left paracentral disc protrusion. The injured worker's medications were Gabapentin, Dexilant, Lunesta, and Lexapro. At 2 physical examination straight leg raising was positive at 70 degrees bilaterally. The injured worker's past treatments and diagnostics were an MRI of the lumbar spine on 02/06/2014 that revealed a small left paracentral disc protrusion at L5-S1. There was evidence of a mild to moderate spinal cord stenosis at L3-4 and status post multilevel cervical fusion from 2013. A pain psychology consultation dated 10/03/2013, the evaluation from the doctor on this visit stated that the injured worker had evidence of moderate pain behaviors of guarding, standing, and shifting and there was no evidence of gross cognitive impairment. The injured worker also denied depression, anxiety, chemical or substance dependency, panic attacks, or manic episodes. The treatment plan was for cognitive therapy 6 sessions and biofeedback 6 sessions. The request for authorization form was not provided within the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Therapy 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines for Mental Illness and Stress regarding Cognitive Therapy for Depression.

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

Decision rationale: The California Medical Treatment Utilization Schedule states that the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain state that a screen is recommended for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The physician's should consider separate a psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. An initial trial of 3-4 psychotherapy visits over 2 weeks is recommended with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). There was no clinical documentation that there was a screen for the injured worker with risk factors for delayed recovery including the fear avoidance beliefs questionnaire. The injured worker specifically denied depression, anxiety, panic attacks, manic episodes, and chemical or substance dependency on psychological consultation dated 10/03/2013. Although the injured worker reported that the therapy sessions were helping him, there was a lack of documentation to establish a necessity for cognitive therapy sessions. Given the lack of documentation to support the request, the request for cognitive behavior therapy 6 sessions is not medically necessary.

Biofeedback 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Biofeedback Therapy Guidelines.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule 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. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. As with yoga, since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. There was insufficient documentation with evidence of functional improvement. There was conflicting evidence on the effectiveness of

biofeedback for treating patients with chronic low back problems. Given the above, the request for biofeedback 6 sessions is not medically necessary.