

<b>Case Number:</b>	CM14-0029055		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/13/2004
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Board Certified in Occupational Medicine 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 injured on July 13, 2004 as a result of fall down 14 steps. Current diagnoses included status post anterior cervical discectomy and fusion, status post intubation resulting in hoarseness, lumbar radiculopathy bilateral lower extremities, and L5-S1 left paracentral disc protrusion. Clinical note dated February 12, 2014 indicated the injured worker presented status post repeat magnetic resonance imaging of the lumbar spine on February 6, 2014 which revealed a small left paracentral disc protrusion at L5-S1 and evidence of mild to moderate spinal canal stenosis at L3-4. Physical examination revealed slight tenderness in the paralumbar region, left more than right, straight leg raise positive bilaterally, intact strength to bilateral lower extremities, and decreased sensation to bilateral lower extremities. Request for hydrocodone 10-325 and gabapentin 300mg three times a day was submitted. The injured worker was currently undergoing cognitive behavioral therapy. The total number of sessions was not provided in the clinical documentation. Clinical note dated February 11, 2014 indicated the injured worker received six sessions of biofeedback with significant progress related to pain management. Additional six sessions of biofeedback and acupuncture were requested. Additional medications included tramadol ER, cyclobenzaprine, and diclofenac. The initial request for cognitive therapy for six sessions, biofeedback for six sessions, H-wave, and prescription of tramadol HCl 150mg #30 with one refill taken one to two by mouth every day was initially non-certified on March 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **COGNITIVE THERAPY FOR SIX (6) SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

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

**Decision rationale:** 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. Consider separate psychotherapy cognitive behavior therapy (CBT) referral after four weeks if lack of progress from physical medicine alone. Guidelines indicate an initial trial of three to four psychotherapy visits over two weeks is appropriate. With evidence of objective functional improvement, a total of up to six to ten visits over five to six weeks (individual sessions) may be considered appropriate. The documentation indicates the patient has undergone CBT; however, the total number of sessions was not provided. As such, the request for cognitive therapy for 6 sessions is not medically necessary.

## **BIOFEEDBACK FOR SIX (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 Biofeedback Page(s): 24.

**Decision rationale:** 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. Without certification of the requested CBT, the request for biofeedback is not medically necessary.

## **H-WAVE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

**Decision rationale:** H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain. The request did not specify intent for a one month trial or purchase of the unit. Additionally, there is no indication the patient has other modalities of therapy in place. As such, the request for H-WAVE is not medically necessary.

**PRESCRIPTION OF TRAMADOL HCL 150MG, #30 WITH ONE (1) REFILL, TAKE 1-2 BY MOUTH EVERY DAY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 77.

**Decision rationale:** Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics the request is not medically necessary.