

Case Number:	CM14-0042938		
Date Assigned:	06/30/2014	Date of Injury:	06/13/2012
Decision Date:	08/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/10/2014

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 patient is 59-year-old female who has submitted a claim for generalized anxiety disorder, pain disorder with both psychological and general medical conditions, depressive disorder associated from an industrial injury date of June 13, 2012. Medical records from 2013-2014 were reviewed, the latest of which dated February 27, 2014 revealed that the patient complains of neck pain. She rates the pain as 7/10. She states that medications are helping and she tolerated the medication well. With the current medication regimen, her pain symptoms are adequately managed. Quality of sleep is poor. On physical examination, the patient appears to be depressed. There is limitation in range of motion of the cervical spine with flexion to approximately 20 degrees, extension to approximately 10 degrees, right lateral bending to approximately 30 degrees, lateral rotation to the right to approximately 45 degrees, left lateral bending and lateral rotation to the left to approximately 45 degrees. There is tenderness noted in the trapezius. Treatment to date has included physical therapy, chiropractic treatment, and medications, which include hydrocodone/acetaminophen, alprazolam, methylprednisolone, Gabapentin, Naproxen Sodium and Pantoprazole. Utilization review from March 12, 2014 modified the request for twelve sessions of cognitive behavioral therapy to 4 sessions of cognitive behavior therapy to establish efficacy of treatment; and denied the request for six sessions of biofeedback because it is not supported until an initial trial of 3-4 visits has been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of cognitive behavior therapy.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive behavior therapy guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

Decision rationale: As stated on pages 19-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications is recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, individual cognitive behavioral therapy was requested to assist the patient in managing and coping with symptoms of depression, anxiety and effects of chronic pain. However, the requested number of visits exceeds guideline recommendation of initial trial of 3-4 visits over 2 weeks. Therefore, the request for twelve sessions of cognitive behavioral therapy is not medically necessary.

Six sessions of Biofeedback.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive behavior therapy guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: As stated on pages 24-25 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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. Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. In this case, biofeedback was requested to provide the patient with behavioral skills and manage anxiety, autonomic arousal, sustained muscular contraction, chronic pain and/or sleep disturbance. However, biofeedback is not recommended as a stand-alone treatment. The related request for cognitive behavioral therapy was deemed not medically necessary. Therefore, the request for six sessions of biofeedback is not medically necessary.