MAXIMUS Federal Services

Case Number:	CM14-0051508		
Date Assigned:	07/07/2014	Date of Injury:	01/05/2009
Decision Date:	08/06/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with a date of injury of January 5, 2009. A utilization review determination dated March 31, 2014 recommends non-certification of six sessions of biofeedback and a reevaluation. Non-certification is recommended because the authorized cognitive behavioral therapy should be trialed with simple relaxation prior to initiating biofeedback. Non-certification for a psychological reevaluation for presurgical clearance is recommended because cognitive behavioral therapy has been authorized and a reevaluation is not felt to be medically necessary at the present time. A progress note dated March 7, 2014 identifies subjective complaints of ongoing issues in the neck and arm, difficulty breathing, and anxiety. There are no listed medications. Physical examination of the cervical spine identifies no pain with palpation of the cervical region, negative Spurling's sign, cervical flexion is 30, extension 0, right and left lateral bending is 10, and right and left rotation is 20. Upper extremity strength is 5/5 except for the right deltoid and tricep which is 4/5, sensation to pin prick and light touch is intact in bilateral C5 to T1 dermatomes, negative Tinel's sign at wrists and elbows, deep tendon reflexes are 2/4 at bilateral triceps, biceps, and brachioradialis. Positive findings identified with the lumbar spine physical examination include a positive straight leg raise test on the right side, 4/5 strength in the right soleus, quadriceps, EHL, anterior tibialis, gastrocnemius, and hamstrings, the patient declined range of motion testing of the lumbar spine. Diagnoses include chronic neck pain, bilateral arm pain right worse than left, chronic lower back pain, bilateral lower extremity pain, cervical stenosis, lumbar spondylosis, and anxiety. The treatment plan recommends that the patient be treated by a psychologist due to the patient's anxiety and depression. During the office visit the patient adamantly requested aggressive treatment, requested surgical intervention, and was verbally insulting and threatening to the physician and the office staff. This physician documented that 911 was called to escort the patient out of the

office. A presurgical clearance evaluation and cognitive behavioral pain management consultation dated March 12, 2014 identifies subjective complaints of a average pain level of 10, neck and back pain, bilateral lower and upper extremity pain, shoulder pain, numbness, tingling, weakness, fatigue, headaches, difficulty walking, difficulty breathing (especially in enclosed spaces or on hot days), weight gain, depression, mood changes, crying spells, loss of interest in usual activities, withdrawal from family and friends, anger, irritability, panic attacks with shortness of breath, generalized anxiety, worry, difficulty focusing, sexual problems, insomnia, disrupted sleep, and daytime fatigue. The diagnoses include depressive disorder due to another medical condition, panic disorder, and somatic symptom disorder with predominant pain. The treatment plan recommends six individual cognitive behavioral therapy sessions, six biofeedback sessions, and a reevaluation to determine the psychological suitability for the recommended surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of biofeedback: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 24-25 of 127 Page(s): 24-25 OF 127.

Decision rationale: Regarding the request for 6 sessions of biofeedback, Chronic Pain Treatment Guidelines state that 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. Within the documentation available for review, the patient has been approved for six CBT sessions. The guidelines do recommend biofeedback as part of a CBT program. As such, the currently requested 6 sessions of biofeedback is medically necessary.

Re-evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, mental illness and stress procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 100-102 of 127 Page(s): 100-102 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for psychological re-evaluation for pre-surgical clearance, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states that behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, it appears 6 cognitive behavioral therapy visits have been authorized. There is no documentation of objective functional improvement or improvement in the patient's psychological symptoms as a result of the sessions already authorized. Additionally, there is no documentation indicating what additional treatment goals may remain following the sessions already provided. Given that the patient has not completed the authorized cognitive behavioral therapy sessions, it is premature to recommend a psychological re-evaluation for pre-surgical clearance. In light of those issues, the currently requested psychological re-evaluation for pre-surgical clearance is not medically necessary.