

Case Number:	CM14-0055976		
Date Assigned:	07/09/2014	Date of Injury:	09/25/2009
Decision Date:	08/25/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 42-year-old female who reported an injury on 09/25/2009. The mechanism of injury was not provided within the documentation. Prior treatments were noted to be medications, physical therapy, and transcutaneous electrical nerve stimulation. Her diagnosis was noted to be chronic lumbosacral strain and chronic pain syndrome. A Primary Treating Physician's Progress Report noted the injured worker being seen for follow-up of her low back pain and left leg pain. She reported use of a transcutaneous electrical nerve stimulation (TENS) unit when she goes to bed, stating it helped her sleep. The physical examination only notes that the injured worker ambulated with a straight cane. The diagnostic impression included chronic lumbosacral strain, left L5 and S1 radiculopathy, nonindustrial nausea, complaint of left shoulder/arm pain, and right knee pain. The plan was for the injured worker to use Cymbalta and Neurontin, and she may work with restrictions. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 6 & Biofeedback 6 performed concurrently, 1 per month x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement; Psychological treatment; and Biofeedback. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Cognitive behavioral therapy guidelines (<http://www.odg-twc.com/odgtwc/pain.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive behavioral therapy (CBT).

Decision rationale: The Official Disability Guidelines for psychotherapy include up to 13 to 20 visits over 7 to 20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend biofeedback as a stand-alone treatment, but recommend it as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. According to the documentation provided for review, there is a lack of psychological symptoms and deficits to support the necessity of the request treatment. Therefore, the decision for cognitive behavioral therapy 6 and biofeedback 6 performed concurrently, 1 per month x 6 months is not medically necessary.