

Case Number:	CM14-0061153		
Date Assigned:	07/11/2014	Date of Injury:	04/11/2008
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family 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:

61 years old female claimant sustained a work injury on 4/11/08 involving the left shoulder and neck. She developed chronic pain in the involved regions. She was diagnosed with cervical disc degeneration and joint pain in the pelvic and thigh regions. A progress/ appeal note on 4/28/14 indicated the claimant had completed an 80 hour functional restoration program. In addition, she had difficulty sleeping due to constant worrying. She had previously been on antidepressants, insomnia and neuropathic medications. Her physical findings were notable for a depressed appearance. Her cervical spine had reduced range of motion and tenderness in the paraspinal region. There was tenderness in the left quadriceps as well. The treating physician requested six sessions of cognitive behavioral therapy and biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Cognitive Behavioral Therapy (CBT) Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

Decision rationale: According to the MTUS guidelines, cognitive behavioral therapy falls under a chronic pain program or functional restoration program. The claimant had already completed a functional restoration program. There is no indication for the need of an additional CBT program. The treatment of any multidisciplinary program is up to 20 sessions. The amount of prior treatments with FRP (Functional Restoration Program) had already been 80 hours. Therefore, the request for Six (6) Cognitive Behavioral Therapy (CBT) Sessions is not medically necessary and appropriate.

Six (6) Biofeedback Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines: Biofeedback Therapy Guidelines; Keefe, 1981; Nouwen, 1983; Bush, 1985; Croce, 1986; Stuckey, 1986; Asfour, 1990; Altmaier, 1992; Flor, 1993; Newton-John, 1995; Spence, 1995; Vlaeyen, 1995; NIH-JAMA, 1996; Van Tulder, 1997; Buckelew, 1998; Hasenbring, 1999; Dursun, 2001; Van Santen, 2002; Astin, 2002; State, 2002; Voerman, 2006.

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

Decision rationale: According to the MTUS 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. As above, the CBT is not medically necessary since the claimant had already completed an 80 hour FRP (Functional Restoration Program) with unknown number of sessions. Therefore, the request for Six (6) Biofeedback Sessions is not medically necessary and appropriate.