

<b>Case Number:</b>	CM14-0062941		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/22/2007
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 39 year-old female was reportedly injured on 2/22/2007. The mechanism of injury is not listed. The most recent progress note, dated 3/22/2014 indicates that there are ongoing complaints of low back pain that radiates into the bilateral lower extremities. The physical examination demonstrated antalgic gait using a single-point cane. Lumbar spine: positive tenderness over the bilateral paraspinal muscles, deep tendon reflexes bilateral knees, muscle strength 5/5. Limited range of motion, positive left straight leg raise. No recent diagnostic studies are available for review. Previous treatment includes previous lumbar fusion, medications, and conservative treatment. A request was made for cognitive behavioral therapy #6 sessions, biofeedback #6 sessions and was not certified in the pre-authorization process on 4/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY X 6 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONI CPAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES COGNITIVE BEHAVIORAL THERAPY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34 of 127.

**Decision rationale:** Chronic Pain Programs which include cognitive behavioral therapy are recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery." There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. Patients should show evidence of motivation to improve and return to work, and meet the patient selection criteria outlined below. While these programs are recommended (see criteria below), the research remains ongoing as to (1) what is considered the "gold-standard" content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. After review of the guidelines as well as medical documentation provided the treating physician has requested #6 sessions. Guideline recommendations are for an initial trial of #4 sessions to document improvement in function and decrease in pain/narcotic use. Therefore, this request is excessive for guideline recommendations, and deemed not medically necessary.

**BIOFEEDBACK 6 SESSIONS 1 PER WEEK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES BIOFEEDBACK THERAPY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34 of 127.

**Decision rationale:** Chronic Pain Programs which include biofeedback are recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery." There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. Patients should show evidence of motivation to improve and return to work, and meet the patient selection criteria outlined below. While these programs are recommended, the research remains ongoing as to what is considered the "gold-standard" content for treatment; after review of the guidelines as well as medical documentation provided the treating physician has requested 6 sessions. Guideline recommendations are for an initial trial of 4 sessions to document improvement in function and decrease in pain/narcotic use. Therefore, this request is excessive for guideline recommendations, and deemed not medically necessary.

