

Case Number:	CM14-0068400		
Date Assigned:	07/14/2014	Date of Injury:	02/13/2012
Decision Date:	09/12/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/13/2014

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 48-year-old male who reported an injury on 02/13/2012. The mechanism of injury was not provided within the documentation submitted for review. His diagnoses were noted to be cervical spine sprain/strain, lumbar spine sprain/strain, right ankle sprain/strain, right shoulder status post arthroscopic subacromial decompression and likely distal clavicle excision, and symptoms of anxiety and depression. He was noted to have an EMG/nerve conduction study. The injured worker had a clinical evaluation on 03/03/2014. His subjective complaints were noted to be low back pain radiating to the left more than the right leg. The documentation notes physical therapy has been authorized, but not yet scheduled. The objective findings revealed deep tendon reflexes were 2+ at the knees and trace at the ankles bilaterally. Straight leg raise was positive at 60 degrees in both lower extremities. There was 4+/5 strength in the left extensor hallucis longus, 5/5 on the right. Sensation was somewhat diminished to light touch over the lateral left leg and lateral left foot. The treatment plan was to have physical therapy and a refill of medications. The Request for Authorization form was provided and dated on 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavioral therapy.

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

Decision rationale: The request for 6 sessions of cognitive behavioral therapy is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The guidelines for cognitive behavioral therapy include screening patients with risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy cognitive behavioral therapy referral after 4 weeks if lack of progress from physical medicine alone: initial trial of 3 to 4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, total of up to 6 to 10 visits over 5 to 6 weeks (individual sessions). The documentation submitted for review does not indicate the injured worker with fear avoidance beliefs or risk factors. It is not noted that coping skills are necessary. Additional documentation will be required to determine a medical necessity for cognitive behavioral therapy. As such, the request for 6 sessions of cognitive behavioral therapy is not medically necessary.

6 sessions of biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines, biofeedback therapy guidelines.

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

Decision rationale: The request for 6 sessions of biofeedback is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend biofeedback as a standalone treatment, but recommend it as an option in a cognitive behavioral therapy 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. The biofeedback therapy guidelines include screening patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy. The guidelines recommend a biofeedback referral in conjunction with cognitive behavioral therapy after four weeks. An initial trial of three to four psychotherapy visits over two weeks; with evidence of objective functional improvement, a total of up to six to ten visits over five to six weeks. Patients may continue biofeedback exercises at home. As the cognitive behavioral therapy is non-certified, so is the biofeedback non-certified. Additional documentation will be required to indicate the injured worker with risk factors for delayed recovery, a need for back muscle strengthening, and chronic pain. Therefore, the request for 6 sessions of biofeedback is not medically necessary.

