

Case Number:	CM14-0071045		
Date Assigned:	07/14/2014	Date of Injury:	11/09/2010
Decision Date:	09/03/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/16/2014

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 Interventional Spine 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:

The patient is a 50-year-old female with a date of injury of 11/09/2010. The listed diagnoses per [REDACTED] are: 1. Thoracic or lumbosacral neuritis or radiculitis. 2. Lumbar disk displacement without myelopathy. 3. Post-laminectomy syndrome of lumbar region. According to progress report 05/01/2013, the patient presents with chronic low back pain. The patient reports starting last year, the SCS has been slowly increasing in pain. She states that the leads in the lower back is constantly hurting and the IPG site is constantly painful and is starting to become unbearable. She is increasing her intake of ibuprofen and muscle relaxants to help with the pain. The treater states the SCS is not working for the patient and the patient is in tears due to uncontrollable pain. The patient would like to have the SCS explanted at this point. She feels her quality of life has decreased since the SCS has stopped working. The patient's medication includes levothyroxine 20 mcg, Lidoderm patch, Ibuprofen, Prilosec 10 mg, and Plaquenil 200 mg. The treater states the psych QME by [REDACTED] diagnosed the patient with pain disorder and psychosocial stressors. The treater would like to request 10 psychotherapy sessions, 8 biofeedback sessions and a psychiatric evaluation with [REDACTED]. Utilization review denied the request on 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment and cognitive behavioral therapy sections Page(s): 23, 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

Decision rationale: This patient presents with chronic low back pain. The patient was diagnosed by [REDACTED] in his psych QME report with pain disorder and psychosocial stressors. The treater is requesting 10 sessions of psychotherapy sessions. The MTUS guidelines support psychological treatments for chronic pain. For cognitive behavioral therapy, MTUS recommends initial trial of 3-4 psychotherapy visits over 2 weeks and additional visits for total of 6-10 visits with functional improvement. The current request for 6 sessions exceeds what is allowed per MTUS for initial trial of 3-4 visits. In this case, the treater's recommendation for 10 initial sessions exceeds what is recommended by MTUS. The request is not medically necessary.

Eight biofeedback sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines, biofeedback therapy guidelines for Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback Treatments for Chronic Pain.

Decision rationale: The treater is requesting 8 biofeedback sessions. The ACOEM and MTUS guidelines do not discussion Biofeedback treatments. ODG has the following regarding biofeedback treatments for chronic pain, "Not recommended. EMG biofeedback has been used as part of a behavioral treatment program, with the assumption that the ability to reduce muscle tension will be improved through feedback of data regarding degree of muscle tension to the subject. Evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain." ODG does not recommend biofeedback as a treatment for chronic pain. The request is not medically necessary.

Psychiatric evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: This patient presents with chronic low back pain. The patient was diagnosed by [REDACTED] in his psych QME report with pain disorder and psychosocial stressors. The treater is requesting a psychiatric evaluation by [REDACTED]. Utilization review denied the request for psychiatric evaluation stating the patient has been certified for 4 psychotherapy sessions and a psychiatric evaluation will only be medically necessary if the psychologist reports

that the psychotherapy sessions are insufficient to treat the claimant's psychological symptoms. ACOEM Practice Guidelines second edition (2004) page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". This patient is seeing a psychologist and the treater's request for psychiatric evaluation is medically reasonable. They provide different services. The request is medically necessary.