

<b>Case Number:</b>	CM14-0072084		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Occupational 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:

Patient is a 55-year-old female who has submitted a claim for status post right elbow lateral epicondylectomy, carpal tunnel syndrome, sprain/strain of the shoulder and reactionary depression and anxiety associated with an industrial injury date of 9/14/2010. Medical records from 2013 to 2014 were viewed. Patient complained of pain at the right elbow, neck, shoulder, and hand. Physical examination showed tenderness and muscle spasm at the paracervical muscles. Cervical distraction test and shoulder depression tests were positive bilaterally. Motor strength of right upper extremity muscles was rated 4/5. Resisted extension and flexion tests, and varus and valgus stress tests were positive at the right. Both Tinel's and Phalen's tests were positive at the right. Cognitive behavior therapy/biofeedback progress report from 3/25/2014 cited that patient reported feelings of anxiety when coping with tasks. Patient was tearful and irritable. Treatment to date has included right elbow lateral epicondylectomy, physical therapy, 22 sessions of cognitive behavior therapy with biofeedback, chiropractic care in 2012, and medications. Utilization review from 4/21/2014 denied the request for cognitive behavioral therapy/biofeedback 2 x 3 because patient had obtained its maximum benefit after completing 22 sessions; denied 3 office visits of chiropractic treatment because there was no sustained significant benefits from previous treatment; and denied functional restoration program evaluation because an intensive multidisciplinary program to treat post operative right elbow pain for a patient who was able to function independently cannot be considered medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cognitive behavioral therapy/biofeedback 2 x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines, Behavioral treatment, cognitive behavioral therapy (CBT) guidelines for low back problems.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions; Biofeedback; Psychological Treatment Page(s): 23, 24, 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Biofeedback.

**Decision rationale:** As stated on page 101 of CA MTUS Chronic Pain Medical Treatment Guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Page 23 states that initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks is recommended. Page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. In this case, patient reported feelings of anxiety when coping with tasks. Patient was tearful and irritable. Review of records showed that patient completed 22 sessions of cognitive behavioral with biofeedback sessions. Functional outcomes achieved from these sessions were not documented. Moreover, there was no discussion concerning need to provide additional sessions. The medical necessity cannot be established due to insufficient information. Therefore, the request for Cognitive behavioral therapy/biofeedback 2 x 3 is not medically necessary.

### **3 office visits of chiropractic treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Therapy Page(s): 58-59.

**Decision rationale:** As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, review of records showed that patient underwent chiropractic care in 2012. However, total number of sessions attended and functional outcomes were not documented. Moreover, there was no discussion concerning re-enrollment of patient in chiropractic treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for 3 office visits of chiropractic treatment is not medically necessary.

**Functional restoration program evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Chronic Pain Programs (Functional Restoration Programs).

**Decision rationale:** As stated on pages 31-32 of CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for functional restoration program (FRP) participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful, there is an absence of other options likely to result in significant clinical improvement, and negative predictors of success have been addressed, etc. ODG Pain Chapter states that there is little research as to the success of return to work with functional restoration programs in long-term disabled patients (>24 months). In this case, patient complained of pain at multiple body parts such as the right elbow, neck, shoulder, and hand. Patient underwent right elbow lateral epicondylectomy, physical therapy, biofeedback, and chiropractic care. However, there was no documented indication for functional restoration program evaluation. Negative predictors of success were not addressed. Moreover, the industrial injury occurred in 2010, which is beyond guideline recommendation. Guideline criteria were not met. Therefore, the request for functional restoration program evaluation is not medically necessary.