

<b>Case Number:</b>	CM14-0073304		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 52-year-old female with a date of injury of 08/01/2001. The listed diagnoses are: Neuropathic pain and Failed back syndrome. According to progress report 04/03/2014, the patient presents with myofascial neuropathic pain with failed back surgery syndrome, scoliosis, sacroiliitis, and diabetic neuropathy. The patient is currently in the last week of a comprehensive interdisciplinary functional rehabilitation program and she is doing better and has learned to cope and pace with the pain she suffers from. Physical examination noted full range of motion in all major joints and the patient does not require any assistive device. She is well kept, dressed, and appears in no apparent distress. The provider states the patient has made significant strides and progress. However, she has been suffering from chronic pain for nearly a decade requiring additional treatment and services. The provider states, "We have found in the past the patient has benefit from a tapered approach upon completing an intensive 4-week rehabilitation program. Therefore, we are requesting authorization for 10 sessions of psychotherapy, 10 sessions of neurofeedback, 10 sessions of physical therapy, and unlimited visits in the office here with us." Utilization review denied the request on 05/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Sessions Psychological Consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General Use of Multidisciplinary Pain Management Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**Decision rationale:** This patient presents with myofascial neuropathic pain with failed back surgery syndrome, scoliosis, sacroiliitis, and diabetic neuropathy. The patient is nearing the end of her 4-week comprehensive interdisciplinary functional rehabilitation program. Treater states the patient has gained much from the program and has made significant stride and progress. Although the patient has significant functional and emotional gains, the patient has been in chronic pain for nearly a decade and the treater is requesting additional 10 sessions of psychological treatments. The MTUS Guidelines supports psychological treatments for chronic pain. For cognitive behavioral therapy, MTUS recommends initial trial of 3 to 4 psychotherapy over 2 weeks and additional visits for total of 6 to 10 visits with functional improvement. In this case, the patient has had psychological treatments as part of her Functional Restoration Program. The treater's request for additional 10 sessions exceeds what is recommended by MTUS. Recommendation is for denial.

**10 Sessions of Intense Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General Use of Multidisciplinary Pain Management Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98, 99.

**Decision rationale:** This patient presents with myofascial neuropathic pain with failed back surgery syndrome, scoliosis, sacroiliitis, and diabetic neuropathy. The patient is nearing the end of her 4-week comprehensive interdisciplinary functional rehabilitation program. The treater is requesting 10 additional sessions of intense physical therapy. Review of physical therapy discharge summary from 04/03/2014 indicates the patient has participated in physical therapy throughout the multidisciplinary pain program and has made significant improvement in her endurance to physical activity and tolerances of exercises. This is the only physical therapy report provided for review and does not indicate number of sessions received to date. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms, 9 to 10 sessions over 8 weeks. In this case, the provider's request for 10 additional sessions following the completion of physical therapy during the multidisciplinary program exceeds what is recommended by MTUS. While the provider argues for more and more treatments, at some point the patient needs to perform the necessary home exercises rather than relying on on-going therapy. Recommendation is for denial.

**10 sessions of neurobiofeedback:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General Use of Multidisciplinary Pain Management Programs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with myofascial neuropathic pain with failed back surgery syndrome, scoliosis, sacroiliitis, and diabetic neuropathy. The patient is nearing the end of her 4-week comprehensive interdisciplinary functional rehabilitation program. The provider is requesting additional 10 sessions of neurobiofeedback. The ACOEM and MTUS Guidelines do not discuss biofeedback treatments. ODG has the following regarding biofeedback treatments for chronic pain, "not recommended. EMG feedback 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 treatment for chronic pain. Recommendation is for denial.

**Unlimited visits to Dr. [REDACTED]:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General Use of Multidisciplinary Pain Management Programs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** This patient presents with myofascial neuropathic pain with failed back surgery syndrome, scoliosis, sacroiliitis, and diabetic neuropathy. The patient is nearing the end of her 4-week comprehensive interdisciplinary functional rehabilitation program. The provider, in his request for authorization 04/18/2014, requests "unlimited visits to [REDACTED]." ACOEM, chapter 12, low back pain page 303 has the following regarding followup visits, "Patients with potentially work-related low back complaint should have followup every 3 to 5 days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." In this case, given the patient's continued pain and medication intake followup visits may be indicated. However, the provider's request for "unlimited visits" is not within ACOEM guidelines. All treatments are provided on time-limited basis. ACOEM recommends follow up every 3 to 5 days. Recommendation is for denial.

**Additional rehabilitation program twice a week for five weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General Use of Multidisciplinary Pain Management Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49, 30-33.

**Decision rationale:** This patient presents with myofascial neuropathic pain with failed back surgery syndrome, scoliosis, sacroiliitis, and diabetic neuropathy. The patient is nearing the end of her 4-week comprehensive interdisciplinary functional rehabilitation program and the provider has asked for additional sessions. Regarding additional FRP, more than the allowed 20 days, MTUS states, "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function."The provider would like a "taper" approach to help this patient maintain functional gains. However, MTUS does not discuss a taper approach to functional restoration programs. This does not appear to be an individualized care plan but something that is routinely offered through program. Recommendation is for denial.