

Case Number:	CM14-0168675		
Date Assigned:	10/16/2014	Date of Injury:	11/19/2001
Decision Date:	05/05/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 53 year old female, who sustained an industrial injury on November 19, 2001. She reported a 30 foot fall from a telephone pole. The injured worker was diagnosed as having cauda equine syndrome, neurogenic bladder, acquired spondylolisthesis, lumbar spinal stenosis with neurogen claud, peripheral neuritis, other kyphoscoliosis and Scoliosis, postlaminectomy syndrome lumbar region, lumbar radiculitis, and depression with anxiety. Treatment to date has included epidural steroid injections (ESIs), X-rays, lumbar spine MRI, electromyography (EMG), bracing, right knee surgery, left foot fusion, lumbar fusion, and medication. Currently, the injured worker complains of significant pain with lumbar range of motion (ROM) and weakness in thighs, causing knee buckling, with her symptoms worsening since a fall. The most recent Physician report dated September 15, 2014, noted the injured worker with quad weakness and gait instability. A MRI was noted to show Grade 1 spondylolisthesis with 80-85% spinal canal stenosis due to disc herniation and instability at L3-L4 segment and L2-L3 demonstrated Grade 1 retrolisthesis and moderate canal stenosis due to disc herniation and facet arthropathy. The Primary Treating Physician's report dated August 27, 2014, noted the injured worker's quality of sleep poor with a decreased activity level. Current medications were listed as Miralax, Ditropan, Omeprazole DR, Paroxetine HCL, Exalgo ER, Neurontin, and Oxycodone HCL. The Physician noted the injured worker had benefited from sessions for her depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Psychophysiological (Biofeedback) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Page(s): 24-25.

Decision rationale: According to the MTUS treatment guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may continue biofeedback exercises at home independently. Decision: According to the utilization review rationale for non-certification of 6 additional biofeedback sessions: "the patient received news that part of her spine is extremely damaged. The patient has intense pain in her abdomen and spinal column. The patient has had 4 visits and is in a distressed condition mentally, emotionally, and physically. The psychological report of August 29, 2014 does state that the patient does indeed need to have the psychotherapy sessions as well as the psychophysiological sessions with biofeedback. It appears that these individual sessions were being billed separately, which really causes quite a bit of confusion. Without clarification, request number 2 of 2 for 6 psychophysiological (biofeedback) sessions is not supported." All of the medical records that were provided for this independent medical review were carefully considered. There was no provided documentation from the primary treating and requesting psychologist or therapist with regards to the nature of this request to support it. There were no progress notes from the treating provider regarding prior treatment sessions of biofeedback providing indications of which treatment modalities have been used (e.g. EMG, GSR etc.). There is no indication of how many sessions the patient has been provided up to this point in time. Of particular importance would be needed documentation objectively based and measured indices of functional improvement based on prior treatment. MTUS guidelines recommend a course of treatment consisting of a maximum of 6 to 10 sessions with the patient being transitioned to independent functioning after 10 sessions. In some cases of an exception can be made to allow for additional sessions but without any documentation provided whatsoever this can't be done in this case with regards to the specific request. In addition, the issue raised by utilization review with regards to billing is unclear and no additional supporting documentation was provided to try to clarify it. Due to insufficient documentation the medical necessity of this request was not established and therefore the utilization review determination for non-certification is upheld on that basis. Therefore, the request is not medically necessary.