

<b>Case Number:</b>	CM14-0201930		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	04/10/2008
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Psychiatrist (MD) 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:

Injured worker is a 39 year old male with date of injury 04/10/2008. Date of the UR decision was 11/17/2014. Mechanism of injury was described as sustained repetitive injury to low back, cervical spine and bilateral shoulders. Treatment modalities so far have been physical therapy, chiropractic treatment, EMG/NCS bilateral lower extremities, radiodiagnostic studies, multiple epidural injections, right L4 partial hemilaminectomy, right L5 partial hemilaminectomy, right L4-L5 partial facetectomy, mobilization of the right L5 nerve root and right L4-L5 subtotal microdiscectomy, TENS, Spinal cord stimulator trial 7/24/12 (unsuccessful). Per report dated 12/31/2014, the injured worker was deemed to be unsuitable for functional restoration program. He presented as very rigid, angry and had low trust levels, was sleeping poorly, had poor concentration, had violent fantasies. He was diagnosed with Chronic Pain Syndrome; Major Depressive Disorder, Single Episode, Without Psychosis, Severe (Industrial); Pain Disorder Associated With Both a General Medical Condition and Psychological Factors, Severe and Generalized Anxiety Disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback 1 x wk for 5 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS states "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. 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. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success."The request for Biofeedback 1 x wk for 5 sessions is not medically necessary. Per the UR decision, the injured worker has already been authorized for CBT groups and per guidelines biofeedback is not a stand-alone treatment and can be approved only if it facilitates entry into a CBT program which in this case the injured worker has already been approved for. Thus, the request is not medically necessary at this time.

**Medical Hypnotherapy 1 x wk for 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (ODG), Hypnosis, Pain (Chronic).

**Decision rationale:** The MTUS is silent on the topic of hypnosis. The ODG states "Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited.The ODG Hypnotherapy Guidelines:- Initial trial of 4 visits over 2 weeks- With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions)In this case, the injured worker suffers from chronic low back, cervical spine and shoulder pain. Per guidelines, hypnotherapy is a conservative option the data uses to support the efficacy hypnosis for chronic low back pain is limited. Thus, he request for Medical Hypnotherapy 1 x wk for 6 sessions. Also, the request for 6 sessions exceeds the guideline recommendations for initial trial in the cases where hypnotherapy could be effective. As such, the request is not medically necessary.

**Pain Management Group 1 x wk for 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** The California MTUS states that behavioral interventions are recommended. 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 ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)It is to be noted that the UR physician authorized 6 sessions of Individual psychotherapy which has not been completed yet and the results are unknown yet. The request for Pain Management Group 1 x wk for 6 sessions is not medically necessary at this time as the injured worker still has 6 pending sessions of individual psychotherapy which should be completed first, before the decision for group therapy can be made. As such, the request is not medically necessary.