

Case Number:	CM15-0134669		
Date Assigned:	07/22/2015	Date of Injury:	12/08/2009
Decision Date:	08/25/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/13/2015

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 55 year old female who sustained an industrial injury on 12/8/09. The mechanism of injury was unclear. She currently complains of neck pain radiating to shoulders; achy low back pain radiating to the right lateral leg. Her legs are getting stronger. Her pain level was 9/10 without medication and 6/10 with medications. Her sleep has improved with medications. On physical exam of the cervical spine there was mild tenderness in the paraspinal muscles with mild decrease in range of motion; lumbar spine was tender in the paraspinal muscles L5-S1 with decreased range of motion. Medications were Nucynta, Percocet, omeprazole, baclofen, topical creams, ibuprofen and Lyrica. Medications relieve pain and are helpful in that she can walk daily for ½ mile, she does home exercise program and she is able to do activities of daily living such as cooking and cleaning. Diagnoses include cervical disc degeneration; myalgia; carpal tunnel syndrome; chronic pain syndrome; dysthymic disorder; lumbar radiculitis; intervertebral disc disorder without myelopathy; lumbar degenerative disc disease; neck pain; low back pain; lumbar radiculitis; discectomy and fusion at L4-L5 (8/28/14). Treatments to date include medications; home exercise program. Diagnostics include x-ray lumbosacral spine (3/12/15) showing status post anterior and posterior fusion with increasing sclerosis within the fused vertebral endplates due to either degenerative changes or postsurgical changes; x-ray of the lumbar spine (1/6/15) showing status post pedicle fixation, inner body fusion L3-L5, degenerative disc disease; electromyography/ nerve conduction study of bilateral lower extremities (10/11/11) showing right L5 radiculopathy; MRI of the lumbar spine (4/21/15) with post-surgical changes. Per 6/17/15 note the injured worker was authorized for cognitive

behavioral therapy and had called several times and was unable to reach anyone and now the request has expired. She would like to re-request it. In the progress note dated 6/17/15 the treating provider's plan of care includes a request for an extension cognitive behavioral therapy sessions six sessions; six sessions of biofeedback with the cognitive behavioral therapy to help with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of CBT (Cognitive Behavioral Therapy) to include 6 more sessions of CBT:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the medical records, the injured worker had been authorized for an initial 6 CBT sessions to help her learn to manage and reduce her chronic pain. She had been unable to schedule the sessions prior to their expiration. As a result, the request under review was made. Given the fact that the injurd worker has not been able to complete the already authorized sessions, the request appears appropriate and medically necessary.

Six (6) sessions of biofeedback: Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG biofeedback therapy guidelines.

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

Decision rationale: Based on the review of the medical records, the injured worker had been authorized for an initial 6 CBT sessions to help her learn to manage and reduce her chronic pain. She had been unable to schedule the sessions prior to their expiration however, an extensions of those sessions has been recommended. In addition to the extension, the treating provider, ■■■■■, recommended the use of biofeedback to be used in conjunction with the CBT sessions. The CA MTUS does recommend the use of biofeedback in conjunction with CBT in the treatment of chronic pain. As a result, the request for biofeedback appears appropriate and medically necessary.