MAXIMUS Federal Services

Case Number:	CM15-0165829		
Date Assigned:	09/03/2015	Date of Injury:	08/19/2014
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/24/2015

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: Physical Medicine & Rehabilitation

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 43 year old male with an industrial injury dated 08-09-2014. The injury is documented as occurring when he was gripping a pallet with both hands and reached forward above the shoulder level to place the pallet on a stack of pallets experiencing moderate pain in the left shoulder and left upper arm. His diagnoses included left shoulder strain, tendinopathy, adhesive capsulitis and acromioclavicular osteoarthritis and contributing factors-stress, anxiety, depression and sleep disorder. Prior treatment included physical therapy, home exercise program and psychological evaluation. He presents on 06-04-2015 reporting depressed mood three days a week occurring most of the day, anhedonia 2-3 days a week occurring most of the day, weight gain, increased appetite and insomnia with five hours of sleep per night on the average. The provider documents recent and remote memory was slightly impaired. His mood presented as depressed and anxious. Thought processes were logical, sequential and goal directed. There was no evidence of delusions and no evidence of bizarre or magical thinking. The provider documents the following: The injured worker had significant psychological symptoms that should be addressed if he is to return to the work force. Psychological symptoms along with physical problems have interfered with major life and personal functions. Future employment, professional functioning and productivity are immobilized to some degree unless prior activity level and emotional states can be restored. The treatment request is for: Acupuncture sessions 2 times a week for 3 weeks for anxiety, 8 biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 biofeedback sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic-Chapter, under Biofeedback.

Decision rationale: The patient presents with chest pain, cardiac palpitations, shortness of breath and anxiety. The request is for 8 BIOFEEDBACK SESSIONS. Per 05/20/15 progress report, patient's diagnosis include left shoulder strain, tendinopathy, adhesive capsulitis, acromio-clavicular osteoarthritis; contributing factors: stress, anxiety, depression, and sleep disorder. Per the same report, patient is temporarily totally disabled for 6 weeks. MTUS does not specifically address biofeedback, though the ODG Low Back-Lumbar and Thoracic-Chapter, under Biofeedback states: "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 low back pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. As with yoga, since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. There is conflicting evidence on the effectiveness of biofeedback for treating patients with chronic low back problems." ODG biofeedback therapy guidelines: Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self- discipline. Initial therapy for these at risk patients should be physical therapy exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: 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, Patients may continue biofeedback exercises at home. The treater has not specifically discussed this request; no RFA was provided either. ODG supports biofeedback therapy as an adjunct in cases where CBT therapy is being utilized. In this case, there is no evidence that the patient is in cognitive behavioral therapy or if has received such therapies in the past. This request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.

Acupuncture sessions 2 times a week for 3 weeks for anxiety: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, under Acupuncture.

Decision rationale: The patient presents with chest pain, cardiac palpitations, shortness of breath and anxiety. The request is for ACUPUNCTURE SESSIONS 2 TIMES A WEEK FOR 3 WEEKS FOR ANXIETY. Per 05/20/15 progress report, patient's diagnosis include left shoulder strain, tendinopathy, adhesive capsulitis, acromioclavicular osteoarthritis; contributing factors: stress, anxiety, depression, and sleep disorder. Per the same report, patient is temporarily totally disabled for 6 weeks. 9792.24.1 Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." ODG guidelines, Low Back chapter, under Acupuncture states: Initial trial of 3-4 visits over 2 weeks With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) The treater has not addressed this request; no RFA was provided either. The patient continues with chest pain, cardiac palpitations, shortness of breath and anxiety and is diagnosed with anxiety. Review of the medical records do not indicate prior acupuncture treatment. MTUS guidelines recommend 3 to 6 visits 1 to 3 times a week over 2 months. The request for 6 acupuncture visits appears reasonable and within guideline recommendations. Therefore, the request IS medically necessary.