MAXIMUS Federal Services

Case Number:	CM15-0168419		
Date Assigned:	09/09/2015	Date of Injury:	06/23/2010
Decision Date:	10/14/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/26/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 48 year old female, who sustained an industrial injury on June 23, 2010. She reported a gradual onset of low back pain. The injured worker was diagnosed as having lumbar pain, spasm, thoracic pain and radicular leg pain. Treatment to date has included diagnostic studies, surgery, unsuccessful spinal cord stimulator, ice application, heat, transcutaneous electrical nerve stimulation unit and medication. She had left foot symptoms were noted to improve post corticosteroid injection. On August 10, 2015, the injured worker complained of constant neck pain, headaches, left arm pain, bilateral foot pain, hand pain and lower back pain that radiated down the left lower extremity. The pain was rated as a 7-8 on a 1-10 pain scale with medication and a 10 on the pain scale without medication. The treatment plan included follow-up visits, medication, six sessions of combined neuromuscular reeducation biofeedback and autonomic quieting training and stress management for cognitive behavioral treatment. On August 12, 2015, utilization review modified a request for six sessions of cognitive behavioral therapy to four sessions. A request for biofeedback therapy times six was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends 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). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for Cognitive behavioral therapy times 6 exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.

Biofeedback therapy times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: 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 therapy times 6 is excessive and not medically necessary as evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. It not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program. The injured worker has been authorized for an initial trial of CBT per the UR physician. Biofeedback treatment is not clinically indicated at this time.