

Case Number:	CM15-0204152		
Date Assigned:	10/20/2015	Date of Injury:	03/14/2011
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/16/2015

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 44 year old female, who sustained an industrial injury on 03-14-2011. She has reported injury to the right wrist and low back. The diagnoses have included lumbar spine disc herniation with stenosis; left lower extremity radiculopathy; and right wrist-hand arthralgia. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, chiropractic therapy, lumbar epidural steroid injections, and physical therapy. Medications have included Hydrocodone, Gabapentin, Terocin patch, Butrans patch, and Omeprazole. A consultation report from the treating provider, dated 10-05-2015, documented an evaluation with the injured worker. The injured worker reported continued physical pain in her neck, lower back, and left leg; she also experiences occasional right wrist pain; weakness and numbness in her left leg; her pain is aggravated by many physical activities and prolonged periods of inactivity; she uses pain relief patches and takes Tylenol as needed; she experiences stomach problems; she experiences significant difficulties in completing her activities of daily living and at times needs assistance; sleeps problems; psychological distress; headaches and increased eating due to her pain levels and stress-tension; she reports emotional and cognitive symptoms including sadness, anxiety, worry, crying, concentration and memory difficulties, fatigue, hopelessness, irritability, frustration, and decreased resiliency in coping with daily life stressors; and her inability to work after her injuries has significantly impacted her self-esteem, emotional well-being, and self-worth. Objective findings have included affect was mood congruent and mainly dysphoric; her affect varied appropriately with situational content; focus and concentration appeared intact; and she seemed to have good capacity for judgment and insight. The treatment plan has included the request for 6 sessions of biofeedback; and 6 sessions of psychological treatment. The original utilization review, dated 10- 12-2015, modified the request for 6 sessions of biofeedback, to 4 sessions of biofeedback; and modified the request for 6 sessions of psychological treatment, to 4 sessions of psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of biofeedback: 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 injured worker has been authorized for an initial trial of psychological treatment/ CBT by the UR physician. The request for biofeedback is not medically necessary at this time as evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Also, Biofeedback is not recommended as a stand-alone treatment. The request is not medically necessary at this time.

6 sessions of psychological treatment: 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 6 sessions of psychological treatment exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.

