MAXIMUS Federal Services

Case Number:	CM15-0027624		
Date Assigned:	02/20/2015	Date of Injury:	09/13/2013
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 47 year old male, who sustained an industrial injury on 9/13/2013. He has reported injury to the neck and low back as well as a left shoulder injury. The diagnoses have included right L2-3 disc extrusion with caudal migration, chronic low back pain without radicular symptoms, cervical and thoracic degenerative disc disease and chronic hand and forearm numbness and tingling of unknown etiology, and left rotator cuff tear. He is status post left shoulder arthroscopic repair. Magnetic Resonance Imaging (MRI) of cervical spine 12/1/14 revealed multilevel disc protrusion and disc bulges. Treatment to date has included physical therapy and steroid epidural injection.Currently, the IW complains of back pain and intermittent numbness and tingling to bilateral forearms and hands. The physical examination from 12/15/14 documented lumbar pain with Range of Motion (ROM). On 2/6/2015 Utilization Review non-certified a consultation for biofeedback and six (6) acupuncture treatments (once weekly for six weeks), noting the lack of documentation to support medical necessity. The MTUS and ACOEM Guidelines were cited. On 2/13/2015, the injured worker submitted an application for IMR for review of one consultation for biofeedback and six (6) acupuncture treatments (once weekly for six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with unrated lower back pain which has been exacerbated following recent lumbar epidural steroid injection. The patient's date of injury is 09/13/13. Patient is status post lumbar ESI on 12/01/14 at L2-L3 right. The request is for ACUPUNCTURE 1X6.The RFA was not provided. Physical examination dated 12/26/14 reveals moderate tenderness along both iliac crests and along lumbar paraspinal muscles, significant guarding of the lumbar musculature is also noted. The patient is currently prescribed Flexeril, Norco, and Lisinorpil. Diagnostic imaging included MRI of the thoracic spine, significant findings include: "Mild kyphoscoliosis but no significant central canal or neural foraminal compromise is seen." Patient is currently not working. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20e a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In regards to the request for 6 acupuncture treatments for the management of this patient's chronic lower back pain, the request appears reasonable. This patient has no record of previous acupuncture and could benefit from such therapies, the treater's request of 6 sessions falls within MTUS guidelines, which indicate a maximum of 6 treatments during the trial period. Therefore, this request IS medically necessary.

Consultation for biofeedback: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Low Back -Lumbar and Thoracic- Chapter, Biofeedback.

Decision rationale: The patient presents with unrated lower back pain which has been exacerbated following recent lumbar epidural steroid injection. The patient's date of injury is 09/13/13. Patient is status post lumbar ESI on 12/01/14 at L2-L3 right. The request is for CONSULTATION FOR BIOFEEDBACK. The RFA was not provided. Physical examination dated 12/26/14 reveals moderate tenderness along both iliac crests and along lumbar paraspinal muscles, significant guarding of the lumbar musculature is also noted. The patient is currently prescribed Flexeril, Norco, and Lisinorpil. Diagnostic imaging included MRI of the thoracic spine, significant findings include: "Mild kyphoscoliosis but no significant central canal or

neural foraminal compromise is seen." Patient is currently not working. 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. In regards to the request for a consultation for biofeedback therapy directed at this patient's chronic lower back pain, treater has not provided evidence of intent to enroll this patient in concurrent cognitive behavioral therapy. ODG supports biofeedback therapy as an adjunct in cases where CBT therapy is being utilized. It appears that this is a request for standalone biofeedback therapy consult, which is not supported by guidelines without being paired with CBT therapy. Therefore, the request IS NOT medically necessary.