

Case Number:	CM15-0037489		
Date Assigned:	04/07/2015	Date of Injury:	05/05/2012
Decision Date:	05/04/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/27/2015

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 37 year old male, who sustained an industrial injury on 5/5/12. He reported initial injury to low back. The injured worker was diagnosed as having facet arthropathy lumbar spine; lumbar disc herniation with neural foraminal narrowing; pain in joint, shoulder region. Treatment to date has included chiropractic therapy; acupuncture; MIR lumbar spine (5/19/14); MRI right shoulder (2/20/14); physical therapy; medications. Currently, per PR-2 notes dated 1/26/15, the injured worker reports presence of pain in the lower back, bilateral shoulders, neck and left leg. He adds that the right shoulder pain is greater than the left and is taking pain medicine to relieve the pain and inflammation. He reports sleep problems due to pain and psychological distress with frequent headaches and increased appetite. Additional documentation indicates the injured worker is participating in physical therapy and notes benefit. The provider is requesting biofeedback 4-6 sessions and psychological x 4-6 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 4-6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24, 25.

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

Decision rationale: According to the MTUS treatment guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. Decision: According to the utilization review rationale for non-certification of biofeedback for-6 treatments: "the available evidence does not clearly show whether biofeedback's effects exceed nonspecific placebo effects. It is also unclear whether biofeedback as to the effectiveness of relaxation training alone. In this case the claimant is authorized for psychological treatment. It is appropriate for the claimant to attend the psychological treatment including simple relaxation treatment prior to the addition of biofeedback." The Use of biofeedback treatment in conjunction with cognitive behavioral therapy has been established as potentially beneficial and is listed as an acceptable treatment in the MTUS guidelines as long as it is not provided as a stand-alone procedure. The patient has experienced a panic attack as a result of his industrial related chronic pain injury and based on the Beck anxiety inventory is rated as having severe anxiety. Biofeedback has been shown to effectively reduce levels of autonomic functioning in the face of stress and pain. Based on the provided medical records, medical necessity and reasonableness of the request is been established and the utilization review determination of non-certification is overturned. The request IS medically necessary.

Psychological x 4-6 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101, 102, 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102:23-24. Decision based on Non-MTUS Citation ODG: Chapter: Mental Illness and Stress, topic CBT Psychotherapy Guidelines March 2015 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy, which could lead

to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-0 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. According to the provided medical records the patient appears to be a properly identified patients who may benefit from the use of cognitive behavioral therapy, the utilization review decision allowed for a modification to allow the patient to have a course of treatment consisting of 4 sessions. This is the correct decision. The MTUS guidelines state that an initial treatment course of 3-4 sessions is needed in order to demonstrate and document whether or not the patient benefits from the treatment procedure. With documentation of patient benefit, including objectively measured functional improvements, additional sessions can be offered up to a maximum of 13-20 sessions, except in cases of severe major depression/PTSD where additional sessions may be offered up to 50 with documentation of patient progress in benefit. Because no evidence of patient completion of the initial treatment trial with benefit has been provided, the original utilization review determination to allow for 4 sessions pending the outcome of the treatment trial is upheld. The request IS NOT medically necessary.