

Case Number:	CM15-0056937		
Date Assigned:	04/01/2015	Date of Injury:	07/10/2007
Decision Date:	06/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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
 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 41-year-old female, who sustained an industrial injury on 07/10/2007. She reported a low back injury. The injured worker is currently diagnosed as having failed back syndrome, post L4-5 microdiscectomy, and recurrent disc herniation with left L5 radiculopathy. Treatment to date has included x-rays of the lumbar spine, cervical spine, and left knee, physical therapy, home exercise program, lumbar surgery, lumbar transforaminal epidural steroid injection, and medications. No subjective complaints were noted in the received qualified medical legal supplemental report dated 07/14/2014. No other records were noted. According to the application, Independent Medical Review was requested for biofeedback therapy, psycho-education group protocol, acupuncture, and cognitive behavioral therapy. The rational and Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy, Initial trial of 3-4 psychotherapy visits over 2 week for depression, anxiety, and pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: The request for biofeedback therapy, initial trial 3 to 4 psychotherapy visits over 2 weeks for depression, anxiety and pain is not supported. The injured worker has a history of failed back syndrome. The California MTUS Guidelines considered biofeedback referral in the conjunction with CBT after 4 weeks. Although there is a prescription for treatment for biofeedback therapy, there is no provided progress note outlining specific injured worker subjective complaints as well as any previous treatment medications, etc., prior to considering any of this therapy at this time. As such, the request is not medically necessary.

Psycho-Education group protocol x 6 sessions at 1 time per week for depression, anxiety and pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: The request for psycho-education group protocol x 6 sessions at 1 time per week for depression, anxiety and pain is not supported. The injured worker has a history of failed back syndrome. The California MTUS Guidelines state recommendation for appropriate identified patients during treatment for chronic pain. Psychological intervention for chronic pain include setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function and interesting comorbid mood disorders. Although there is a prescription for the request, there is not a provided progress note outlining specific injured worker subjective complaints as well as any previous treatment, medications, etc., prior to considering any treatment at this time. As such, the request is not medically necessary.

Acupuncture x 3-6 treatments for depression, anxiety and pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture x 3 to 6 treatments for depression, anxiety and pain is not supported. The injured worker has a history of a failed back syndrome. California MTUS states acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasms. Although there is a prescription for treatment, there is no provided progress note outlining specific patient subjective complaints as

well as any previous treatments, medications, etc., prior to considering any treatment. The request is not medically necessary.

Cognitive Behavioral Therapy, Initial trial of 3-4 visits over 5-6 weeks for depression, anxiety and pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: The request for cognitive behavioral therapy, initial trial of 3 to 4 visits over 5 to 6 weeks for depression, anxiety and pain is not supported. The injured worker has a history of failed back syndrome. The California MTUS recommend for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes but not limited to setting goals, determining appropriate of the treatment, conceptualizing a patient's pain relief, and coping styles, assessing psychological and cognitive function and interesting comorbid mold (Guidelines states mood) disorders. Although there is a prescription for treatment, there is no provided progress note outlining specific injured worker's subjective complaints as well as any previous treatment, medications, etc., prior to consideration of this treatment. As such, the request is not medically necessary.