

<b>Case Number:</b>	CM14-0120124		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/04/1999
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old female who reported an injury of unknown mechanism on 03/04/1999. On 01/29/2014, her diagnoses included HNP of the lumbar spine with failed back syndrome, L3-4 disc degeneration with facet hypertrophy above the fusion, HNP of the cervical spine with upper extremity radiculopathy, depression from chronic pain syndrome, and GI irritation from chronic use of medications. It was noted that she was receiving psychotherapy and psychotropic medications, which helped keep her overall mood stable. The treatment plan included a continuation of the psychiatric medication management and psychotherapy to keep her stable and prevent relapse. She was involved in a daily home exercise regimen. On 02/28/2014, it was noted that she was receiving acupuncture treatment, which reduced her pain and the need for medication. It was further noted that she was losing weight, eating fresh foods and not eating foods containing gluten. She was participating in a weight management group. Her treatment plan included recommendations for individual psychotherapy 4 times a month, biofeedback for pain control and headaches, weight management group, and acupuncture. On 03/31/2014, it was noted that she continued to make incremental improvements, and was losing weight by eating fresh foods. Her treatment plan remained the same. On 04/30/2014, it was noted that her individual therapy and acupuncture had been denied even though she had received benefit from both interventions. She continued to lose weight. Her treatment plan included individual psychotherapy 1 to 2 times a month, biofeedback for pain control and headaches, weight management group, and acupuncture therapy. On 05/31/2014, her progress with her weight loss program, psychotherapy, biofeedback, weight management group, and acupuncture continued. On 06/30/2014, her progress and interventions all continued as previously noted. There was no Request for Authorization included in this worker's chart.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy 1 X wk X 8 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines (ODG)

**Decision rationale:** The request for Individual Psychotherapy 1 X wk X 8 weeks is not medically necessary. The California MTUS Guidelines recommend psychological treatment for appropriately identified patients with chronic pain. Cognitive behavioral therapy has been found to be particularly effective. Psychological treatments incorporated into pain treatment has been found to have positive short term effects on pain, and long term effects on return to work. The Official Disability Guidelines recommend cognitive behavioral therapy for depression, stating that the effects may be longer lasting than therapy with antidepressants alone. Time frames include up to 13 to 20 visits over 7 to 20 weeks. The submitted documentation revealed that this worker had been attending psychotherapy sessions for at least a 5 month period. The exact number of sessions was not included in the documentation. The clinical information submitted failed to meet the evidence based guidelines for continued psychotherapy. Therefore, this request for Individual Psychotherapy 1 X wk X 8 weeks is not medically necessary.

**Biofeedback: 1 X week 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines, Biofeedback Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

**Decision rationale:** The request for Biofeedback: 1 X week 8 weeks is not medically necessary. The California MTUS Guidelines do not recommend biofeedback as a stand-alone treatment, but it is recommended as an option in cognitive behavioral therapy programs to facilitate exercise therapy and return to activity. Biofeedback as a standalone treatment is not supported by the guidelines. Therefore, this request for Biofeedback: 1 X week 8 weeks is not medically necessary.

**Acupuncture X 8 sessions:** 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 8 sessions is not medically necessary. The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The recommended frequency of treatments is 1 to 3 times per week, with functional improvement noted in 3 to 6 treatments. The submitted documentation noted that this worker was tolerating her opioid pain medications without any difficulties. She was not involved in a physical rehabilitation program, and there was no documentation of any proposed surgeries. Additionally, it was noted that she was participating in an unknown number of acupuncture sessions which had given her some benefit. The body part or parts which were to have been treated, as well as a quantified reduction in pain or increase in functional abilities were not documented. The requested 8 sessions of acupuncture exceed the recommendations and the guidelines. Therefore, this request for acupuncture times 8 sessions is not medically necessary.