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| Case Number: | CM14-0127245 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 09/01/2001 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 licensed in Psychology and is licensed to practice in Texas. 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 48-year-old male who reported injury on 09/01/2001. The injured worker was moving a refrigerator up and down stairs with a coworker. He was holding the bottom of the refrigerator and pushing it up the stairs when he felt an acute onset of pain in his lower back region. The injured worker stopped for a moment, and then continued to push the refrigerator up the stairs. The injured worker sustained injuries to his back, hips, legs, knees, and right foot. The injured worker's treatment history included surgery, medications, physical therapy sessions, and a psychological assessment/evaluation. The injured worker was evaluated on 06/26/2014 and it was documented that the injured worker complained of back, hip, legs, knee, and right foot pain. The injured worker rated his pain as 8/10 on the pain scale. The injured worker stated on some days it feels like torture. Post status examination revealed the injured worker volunteered information without minimal prompting on the provider's part. Thought content and processes did not show any signs of psychotic functioning. Emotional processes: His expression was most noteworthy for his subdued affect, indicative of his underlying depression. He denied the presence of any suicidal ideations, whether they are passive or active in nature. He also showed no propensity towards aggressive behavior. He came to have adequate self-control. Cognition, Alertness, and memory: His thoughts state that he routinely thinks about his deteriorated health and the chronic pain he has been living with over the past year. He had fears that he will have to accept his current functional limitations and that he will never be able to return to the work force in a productive manner. His treatment goals and recommendations included increased functional behavior as evidenced by encouraging the injured worker to follow through with core strength training, exercise; increase productive personal grooming/household activities as evidenced by, having the injured worker straighten up the home and not leave it in a disheveled state; encourage the injured worker to become more

active, knowledgeable, and informed about their condition as evidenced by being able to name their medications and purpose from memory; enhance the injured worker's emotional condition as evidenced by the injured worker reported increasing feelings of hopelessness and helplessness; the injured worker would develop positive health behaviors as evidenced by the injured worker would begin to eat less high fat snacks to soothe troubling emotion. The provider noted that he was going to be recommending a series of follow-up evaluation and management sessions with this injured worker as there is a significant amount of depression attached to the apparent chronic pain state. The provider noted the injured worker was suffering with numerous maladies and needed significant care to manage this disabled state (now exceeding 4 years) and the use of multiple medications. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy: x6-8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Cognitive behavioral therapy

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state, that cognitive behavioral 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 function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The documentation submitted failed to indicate the injured worker's long term functional goal. Additionally, the request failed to indicate a number of weeks for cognitive behavioral therapy sessions. Given the above the request, for Cognitive behavioral therapy: x6-8 sessions is not medically necessary.

Neurocognitive assessment: one time consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 92.

Decision rationale: According to CA/MTUS/ACOEM, functional restoration is an established treatment approach that aims to minimize residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration can be considered only if there is a delay in return to work or a prolonged period of inactivity in preparation for return to work according to ACOEM Practice Guidelines. Cognitive behavioral therapy and biofeedback may be beneficial in individuals who can acquire skills, knowledge, and are suited for behavioral change necessary to avoid preventable complications and assume or reassume primary responsibility for his or her physical and emotional wellbeing post injury. The individual would maximize functional independence and pursuit of an occasional and able to have vocational goals as measured by functional improvement. The injured worker's injury occurred in 2001. Since then, he has been treating no effectively by practically all modalities of treatment by numerous providers over 13 years. There was no evidence that he has benefited from any of these therapies utilized. Based on the information provided, another neurocognitive assessment would be counterproductive and of no value. As such, the request for Neurocognitive assessment: one time consultation is not medically necessary.

Biofeedback therapy: x4-6 treatments: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend biofeedback as a standalone treatment, but recommend it as an option in but recommended as an option in 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 for chronic 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 highly motivated, self-disciplined injured worker, the provider recommend approval only when requested by such an injured worker, but not an option for use by any injured worker. Biofeedback may be used a part of the behavioral treatment program, with the assumption that the ability to reduce muscle tension will be improved through feedback of data regarding degree of muscle tension to the subject. The injured worker's original injury occurred in 2001. Since then he has been treated no effectively by practically all modalities of treatment by numerous providers over 13 years. There is no evidence that he has benefited from any of these therapies utilized. He is now addicted to the doctor prescribed opioid analgesics as a result of medical management. Biofeedback and cognitive behavioral therapy are of no value in someone who has shown such poor response to multiple therapies in the past. Based on the information provided, the request for Biofeedback therapy: x4-6 treatments is not medically necessary.