MAXIMUS Federal Services

Case Number:	CM14-0173166		
Date Assigned:	10/23/2014	Date of Injury:	05/29/2009
Decision Date:	12/02/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/20/2014

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 45-year-old male who reported an injury on 05/29/2009 when the platform he was working on collapsed dropping about 9 feet to 10 feet where he landed on his right foot, twisting the foot under his bodyweight. The injured worker complained of right ankle pain. The diagnoses included a pain in the joint at the right ankle/foot. The diagnostics included an MRI of the right ankle dated 03/14/2012 that revealed chronic sprains of the anterior-inferior and posterior-inferior tibiofibular ligaments; chronic deltoid ligament sprain; advanced degenerative joint disease at the tibiotalar joint and subtalar facets; moderate tendinosis at the peroneal longus tendon at the calcaneal cuboid joint level; chronic oblique fracture deformity at the lateral malleolus; and small flexor digitorum longus muscle in the tarsal tunnel, an anatomic variant of unofficial MRI; a CT of the right ankle dated 11/19/2009 that revealed a commuted fracture of the posteriomedial talus; healing of a nondisplaced fracture involving the posteriolateral talus with the fracture line barely visible; stable 1 mm depression at the fracture of the posteriomedial talus; mild osteoarthrosis at the anterior tibiotalar joint medially; improved ankle joint effusion; small well corticated ossicle in the region of the Lisfranc ligament. The past treatments included physical therapy, bone stimulator, AFO brace, home exercise program, a psych evaluation, at least 9 visits of cognitive behavioral therapy, functional restorative program and medications. The past surgical history noted the injured worker refused ATF surgery on his right ankle. The injured worker reported a 4/10 pain to the right ankle by using the VAS scale. The objective findings on 10/01/2014 of the right ankle revealed normal muscle tone without atrophy to the right lower extremity. Motor strength revealed 5/5 strength with ankle dorsiflexion and ankle plantar flexion. No abnormalities noted. However, the injured worker did have an antalgic gait. Medications included capsaicin, Sentra PM, Relafen, Protonix, and hydrocodone/APAP. The treatment plan included 6 follow-up visits of cognitive behavioral

therapy and biofeedback. The request for authorization dated 10/23/2014 was submitted with documentation. The rationale for the cognitive behavioral program was for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) cognitive behavioral therapy sessions: 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 Behavioral interventions Page(s): 23.

Decision rationale: The California MTUS Guidelines indicate that injured workers should be screened for risk factors for delayed recovery which includes fear avoidance beliefs initial therapy for these at risk patients should be physical medicine for exercise instructions, using a cognitive motivational approach to physical medicine. The initial trial for psychotherapy visits is 3 to 4 visits over a 2 week period. With evidence of objective improvement, a total of 6 to 10 visits over 5 to 6 weeks is supported. The clinician's notes indicate that the injured worker has had at least 9 visits of cognitive behavioral therapy that indicated that the injured worker's signs, symptoms, and pain were stable. The request is for 6 additional sessions of cognitive therapy combined with the injured worker's previously completed 9 visits. The guidelines indicate 6 to 10 sessions. The request for additional therapy exceeds the recommended allotted visits and does not specify the frequency or duration of treatment. As such, the requested six (6) cognitive behavioral therapy sessions are not medically necessary and appropriate.

Six (6) Biofeedback sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Biofeedback therapy Guidelines

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

Decision rationale: The California MTUS Guidelines state biofeedback is 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 pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. Per the guidelines, evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. In addition, the guidelines state biofeedback is recommended as an option in cognitive behavioral therapy but is not recommended as a stand-alone treatment. The concurrent

request for cognitive behavioral therapy is not supported. Given the above, the request for 6 sessions of Biofeedback is not medically necessary.