

Case Number:	CM14-0085219		
Date Assigned:	07/23/2014	Date of Injury:	06/29/2009
Decision Date:	10/17/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/07/2014

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 Psychologist 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 60-year-old female who reported an injury on 06/29/2009. Due to tripping and falling over a call light cord, landed on her buttocks. The injured worker complained of neck pain that radiated to her head. She complained of right and left wrist pain, left thumb pain, and lower back pain, and right knee pain. Medications included Voltaren, ibuprofen, Lidoderm, Lunesta, alprazolam, Bystolic, tramadol, and venlafaxine and Flexeril. The injured worker rated her pain at 8/10 using the VAS. On average her pain is a 7/10 and excruciating is 10/10. Past diagnostics included x-rays and MRI. Past treatments included physical therapy, cognitive behavior program, medication, and injections. The physical examination dated 12/12/2013 of the lumbar spine revealed no tenderness or spasms to the lumbar paravertebral musculature. Sacroiliac and sciatic notch areas not tender. Toe and heel walk without pain. Able to squat, low back pain noted to the right knee. Supine straight leg raising right 60 degrees with pain, left 60 degrees with pain. Reflexes 3+ bilaterally. Forward flexion was 70 degrees and extension 20 degrees. Examination of the knees revealed normal gait, some patellar crepitus, and patellar tenderness noted with firm palpitation. The diagnostics included myofascial strain and sprain of the cervical spine, myofascial sprain of the lumbar spine, lumbar radiculitis, status post bilateral carpal tunnel release, carpometacarpal joint arthritis, left thumb, lateral epicondylitis of the right elbow, osteoarthritis of the right knee, status post arthroscopy of the right knee and right ankle fracture. The treatment plan included a cognitive behavioral psychotherapy and biofeedback sessions. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy and Biofeedback sessions X13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp: Mental Illness & Stress Procedure Summary last updated 04/09/2014

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

Decision rationale: The request for Cognitive Behavioral Psychotherapy and Biofeedback sessions X13 is not medically necessary. The California MTUS Guidelines indicate that biofeedback is not recommended as a standalone treatment but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There is some fairly good evidence of biofeedback helping back muscle strain, but evidence is insufficient to demonstrate the effectiveness of biofeedback or treatment for chronic pain. Biofeedback may be approved if it is to facilitate injury into a cognitive behavioral treatment program where there is strong evidence of success. According to the guidelines for the biofeedback therapy the injured worker should have identified risk factors for delayed recovery, as well as motivation to comply with the treatment regimen that requires self-discipline. Initial therapy for those at risk patients should be physical medicine/exercise instruction using a cognitive motivational approach to physical therapy with possible consideration biofeedback referral in conjunction with a cognitive behavioral therapy after 4 weeks. Initial trial of 3 to 4 weeks of psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits and over 5 to 6 weeks. The injured worker may continue the biofeedback exercises at home. The injured worker, per the clinical notes, already had cognitive behavioral therapy. The clinical notes did not indicate/warrant special circumstances for additional cognitive behavioral therapy or biofeedback. As such, the request is not medically necessary.