MAXIMUS Federal Services

Case Number:	CM15-0112094		
Date Assigned:	06/18/2015	Date of Injury:	05/08/2012
Decision Date:	07/27/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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, Maryland
Certification(s)/Specialty: Psychiatry

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 58 year old male, who sustained an industrial injury on 5/08/2012. He reported multiple cumulative injuries involving the feet, left knee, right knee and low back. Diagnoses include lumbar disc bulge, lumbar disc protrusion with moderate right foraminal stenosis, left knee meniscus tear, and osteoarthritis, as well as stress and insomnia. He is status post left knee surgery and underwent right knee surgery on 1/27/15. Treatments to date include activity modification, physical therapy and acupuncture treatments. Currently, he complained of ongoing low back pain rated 5/10 VAS. There was bilateral knee pain rated 7-8/10 VAS. He reported symptoms of anxiety, depression, stress and insomnia. The current medications included Flexeril, Ambien, Naproxen and topical creams. On 3/24/15, the physical examination documented lumbar spine pain and tenderness with muscle spasms noted. The bilateral knee examination was significant for mild effusion with locking, popping, and catching. The appeal request was to authorize six (6) cognitive behavioral psychotherapy sessions and six (6) biofeedback therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 cognitive behavior psychotherapy 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 Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for 6 cognitive behavior psychotherapy sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary.

6 biofeedback sessions: Upheld

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

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

Decision rationale: MTUS states "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." The request for 6 biofeedback sessions is not medically necessary as it is not recommended as a stand-alone treatment. The injured worker has not had psychotherapy treatment so far. Biofeedback is not clinically indicated at this time.