

<b>Case Number:</b>	CM15-0164361		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 60 year old female who reported an industrial injury on 10-16-2012. Her diagnoses, and or impression, were noted to include: brachial neuritis-radiculitis; lumbar disc degeneration, facet syndrome and radiculopathy; sacroiliac joint dysfunction; sacroilitis; and cervical disc degeneration and facet syndrome; and anxiety disorder. No current imaging studies were noted. Her treatments were noted to include: psychiatric treatments with individual and group therapy; a qualified medical evaluation on 4-21-2015; physical therapy; a home exercise program; and medication management. The Psychology progress notes of (undated) reported that she was feeling anxious which caused sleep disturbance, that she tended to worry and felt overwhelmed, and that she continued to have tension and pain in the back of the head. The objective findings were noted to include: the loss of concentration and focus; anxious talkative; continues to have blackouts - loss of memory; and that she wanted a referral to a neurologist for her pain in the back of head. The physician's requests for treatments were noted to include (illegible) that she gets back on anti-anxiety medication; continue treatment "CBT" & Biofeedback training. The progress notes of 4-1-2015 noted reports of complaints which included: the same, or worsening, headache; moderate pain in her head, cervical, thoracic and lumbar spine, and right leg; unchanged and worsened tenderness of right leg; decreased strength; and "psych" and "sleep". It was noted she was on Hydrocodeine, Orphenadrine and Xanax; and that her treatment plan included authorization for continued individual psych therapy for chronic pain, stress, anxiety and depression. The Request for Authorization, dated 8-3-2015, was noted to include: ongoing follow-up visits with "PTP"; pain management evaluation for right sacroiliac

joint injection. The Utilization Review of 8-19-2015 non-certified 6 group psychotherapy session, 6 bio-feedback sessions, psychiatric testing x 6, and right sacroiliac joint injections. Post the date of this Utilization Review, a Notice of Assignment and Request for Information regarding: psych group therapy (x6); biofeedback (x6), psych testing (x6); and 12 sacroiliac joint injections, dated 9-1-2015, was noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ongoing follow up visits:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits.

**Decision rationale:** Although there have been no new recommendations for any of the requested medications or treatments, this patient has chronic pain conditions which continue to require regular follow-up visits. The need for a clinical office visit with a health care provider is individualized based on the review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Patients with low back complaints that are work related should receive follow-up care every 3 to 5 days by a mid-level practitioner, who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Physician follow-up generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might occur every 4 to 7 days if the patient is off work, and 7 to 14 days if the patient is working. In this case, the patient has a chronic pain condition and there is documentation of active pain and the use of pain medications to treat pain. Medical necessity for the requested follow-up visits have been established. The requested visits are medically necessary.

**Psych group therapy x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**Decision rationale:** The CA MTUS recommends psychological treatment 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 post-traumatic stress disorder). The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks. In

this case, the documentation indicates the patient has had at least 11 previous psychotherapy visits completed to date without documentation of objective functional improvement. Medical necessity for the requested services has not been established. The requested services are not medically necessary.

**Biofeedback x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, (CBT) Guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines do not recommend biofeedback as a stand-alone treatment, but recommend it as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. Evidence is insufficient to demonstrate the effectiveness of biofeedback for the treatment of chronic pain. There was documentation that the injured worker had ongoing pain of the right hand with definitive complex regional pain syndrome. The MTUS indicates that the application of biofeedback to patients with complex regional pain syndrome is not well researched. Therefore, the request for six (6) in-office biofeedback sessions is not medically necessary.

**Psych Testing x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**Decision rationale:** The CA MTUS recommends psychological treatment 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 post-traumatic stress disorder). The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the documentation indicates the patient has had at least 11 previous psychotherapy visits completed to date without documentation of objective functional improvement. Medical necessity for the requested services has not been established. The requested services are not medically necessary.

**(R) SI joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac joint injection.

**Decision rationale:** Sacroiliac joint injections (SIJ) are recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Criteria for the use of SIJ blocks include that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including, physical therapy (PT), home exercise and medication management. In this case, there is no documentation of 3 positive provocation examination findings consistent with right sacroiliac joint pathology. Medical necessity for the right SIJ injection has not been established. The requested procedure is not medically necessary.