

Case Number:	CM15-0170304		
Date Assigned:	09/10/2015	Date of Injury:	12/16/2005
Decision Date:	10/19/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 56 year old female who sustained an industrial injury on 12-16-2005. The worker has low back and leg pain following a laminectomy. Her MRI is consistent with left L5 nerve root radiculopathy. The injured worker was diagnosed as having radiculopathy, lumbar spine; other pain disorder related psychological factors; major depressive disorder single episode, depressive disorder not elsewhere classified, chronic regional pain syndrome type II of the lower extremities; failed back syndrome, lumbar; sprain and strain of sacroiliac; fibromyalgia/myositis; pain in the lumbar spine. Treatment to date has included medications and biofeedback. Currently, the injured worker complains of aching low back pain and left leg radiculopathy. The pain down the leg has increased. The worker also has mild depression. She has had several sessions of biofeedback therapy. According to provider notes, the worker reports great relief and improved sleep with the biofeedback therapy. On exam, she has moderate scar tenderness, palpation of the lumbar facet reveals pain bilaterally L3-S1. The worker has a positive straight leg raise test on the left. Anterior lumbar flexion is 60 degrees and causes pain. Extension, left lateral flexion, and right lateral flexion of the lumbar spine is noted to be 15 degrees. Motor strength is grossly normal, upper and lower sensation is intact with exception of decreased sensation in the S1 distribution. The worker is on gabapentin which gives her 40% pain relief and allows her to do activities of daily living, and pantoprazole for severe gastroesophageal reflux. The treatment plan includes continuation of gabapentin and medications to treat gastroesophageal reflux, referral to a gastroenterologist, and continuation of biofeedback and cognitive behavioral therapy (CBT). A request for authorization was submitted for Pantoprazole 20mg, and 8 Sessions of cognitive behavioral therapy (CBT) to include biofeedback. A utilization review decision (07-29-2015) certified the request for Pantoprazole 20mg, and modified the request for 8 sessions of CBT with biofeedback to 4 sessions of cognitive behavioral therapy (CBT) to include biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of cognitive behavioral therapy to include biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy, biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, under Cognitive Therapy for Depression Lumbar and Thoracic Chapter, under Biofeedback.

Decision rationale: The patient presents with chronic low back pain and major depressive disorder. The current request is for 8 Sessions of cognitive behavioral therapy to include biofeedback. Treatment history included medications, and biofeedback. MTUS Chronic Pain Medical Treatment Guidelines, Behavioral Intervention section, page 23 states the following: "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." Official Disability Guidelines, Mental Illness and Stress chapter, under Cognitive Therapy for Depression states the following: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." MTUS does not specifically address biofeedback, though the ODG, Lumbar and Thoracic Chapter, under Biofeedback states: 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. ODG biofeedback therapy guidelines states with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. Per report 07/15/15, the patient presents with chronic lower back and left leg pain. Current diagnoses include radiculopathy, lumbar spine; other pain disorder related psychological factors; major depressive disorder single episode, chronic regional pain syndrome type II of the lower extremities; failed back syndrome, lumbar; sprain and strain of sacroiliac; fibromyalgia/myositis; pain in the lumbar spine. The treater states that the patient's depression was improved 30% with biofeedback sessions. The patient has had 6 sessions thus far, and the treater recommends additional 8 sessions of cognitive behavioral therapy to include biofeedback. ODG allows for up to 13-20 sessions of Cognitive therapy; however, limits the number of biofeedback sessions to maximum 6-10 with documented functional improvement. The request for 8 additional biofeedback sessions, with the 6 already received, exceeds what is recommended by ODG. Therefore, the request for cognitive therapy with biofeedback IS NOT medically necessary.