

Case Number:	CM15-0078424		
Date Assigned:	04/29/2015	Date of Injury:	03/15/2011
Decision Date:	05/28/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/23/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 47-year-old male whose date of injury is 03/15/2011 in which he suffered a traumatic crush injury resulting in multiple fractures. Treatments have included CBT, biofeedback, and medications. He currently complains of left lower extremity and right hip pain with radiation to the right lower extremity, pelvic pain, bilateral hand pain and numbness, and PTSD symptoms. Diagnoses include closed fracture of the lumbar vertebrae without mention of spinal cord injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits for cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines Cognitive therapy for PTSD.

Decision rationale: The patient has had 61 CBT sessions as of the last report provided on 02/27/15. He had shown high improvement in the areas of treatment adherence, managing trauma symptoms, and coping adaptations; and moderate-high improvement in daily activities and managing pain/symptoms. He reported increased energy and optimism, which improved his daily activity and social functioning. He showed decreased pain related fear and pain avoidant behavior. Pain rating was 4-7/10, stress 3-6/10. He had been able to discontinue Norco and decrease use of Tramadol. He was consistently and effectively practicing his CBT skills, especially cognitive disengagement, which helps to improve coping skills. Biofeedback aided chronic muscle tension and autonomic bracing. He had increased exercise and lost 24 lbs. It is unknown how many CBT sessions he has received beyond the 61 reported as of 02/27/2015.

What has been provided already well exceeds ODG guidelines of up to 50 sessions. In addition, the patient has shown consistent application of skills learned, with a high level of improvement. There is no evidence to suggest that he cannot follow through with these skills independently. The request IS NOT medically necessary.

6 sessions for biofeedback performed concurrently over 3-4 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. 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 Page(s): 24-25 of 127.

Decision rationale: Biofeedback is recommended in conjunction with CBT, but not as a standalone treatment. It has been shown to be effective in facilitating exercise therapy and returning one to activity. This has been the case with this patient. Biofeedback has aided chronic muscle tension and autonomic bracing, and he has increased his activities. But, as of the last report provided of 02/27/15 he had received 61 sessions, in conjunction with 61 CBT sessions, and it is unknown how many have been provided since that time. This well exceeds ODG guidelines of up to 50 sessions. The request IS NOT medically necessary.