

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0095151 | | |
| Date Assigned: | 05/21/2015 | Date of Injury: | 08/25/2011 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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 46-year-old male who sustained an industrial injury on 08/25/2011. Mechanism of injury was cumulative loading and unloading a van of equipment injuring his back, neck, foot and head from repetitive motion. Diagnoses include chronic cervical strain/sprain with multilevel degenerative disc disease/disc protrusions, degenerative thoracic spine, lumbar strain/sprain with degenerative disc disease, bilateral plantar fasciitis and depression. Treatment to date has included diagnostic studies, medications, injections, and therapy. Medications include Butrans patch, Tramadol, Xanax, Protonic and Gabapentin. A physician progress note dated 03/16/2015 documents the injured has severe and intractable neck pain with radiculopathy. He has known multilevel cervical disc protrusion with neuroforaminal narrowing, which failed to respond to previous conservative care and injections treatments. He rates his pain as about a 6-7 out of 10. A psychological evaluation note dated 04/14/2015 documents the injured worker is experiencing feeling of insecurity, health worries, social apprehension-especially in crowds, rumination and recurrent thoughts about the injury, nightmares and fears related to his injury, and heart palpitation. He frequently gets angry and wants to lash out. The clinical observation of the injured workers anxiety was noteworthy for the following: he looked on edge with some psychomotor agitation present, and he acknowledged having ruminative obsessive type thought. In addition to the above emotional symptom, he reports the onset of cognitive problems stemming from his work injury and disabled state. He states he is not able to concentrate, he is easily distracted and he is experiencing short-term memory lapses. His mood was sad with some generalized distress observed. It is documented the injured worker is suffering from major depressive disorder, sleep disorder due to medical condition, pain disorder with both psychological factors and a general medical condition, and rule out sexual dysfunction disorder. The treatment plan includes Cognitive Behavioral Therapy-

4 sessions, 4 Biofeedback therapy sessions, enrollment in 6 sessions of Psychotherapeutic group protocol over the next two months, one follow up visit every six weeks, and referral to a sleep clinic for help with the sleep disturbance. Treatment requested is for Biofeedback therapy x 3-4, and Group psychotherapy x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy x 3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

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 injured worker suffers from chronic pain secondary to industrial trauma and developed major depressive disorder, sleep disorder due to medical condition, pain disorder with both psychological factors and a general medical condition, and rule out sexual dysfunction disorder. He has been authorized for 4 sessions of Cognitive Behavioral Therapy, per guidelines, 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. The request for Biofeedback therapy x 3-4 is not medically necessary as the injured worker has already been authorized for CBT sessions and biofeedback is not medically necessary at this time.

Group psychotherapy x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Procedure Summary Online Version - Psychotherapy Guidelines.

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 has already been authorized for 4 sessions of Cognitive Behavioral Therapy the results of which are unknown at this time. The request for Group psychotherapy x 6 is not medically necessary at this time pending the results of treatment with CBT.