

<b>Case Number:</b>	CM15-0096416		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55-year-old female, who sustained an industrial/work injury on 9/17/10. She reported initial complaints of neck pain, left shoulder pain, bilateral elbow and wrist pain, and lumbosacral/coccygeal pain with sciatica. The injured worker was diagnosed as having multi-ligamentous sprain/strain of lumbar spine, left shoulder with tendon injury, left elbow and wrist, and right carpal tunnel syndrome. Treatment to date has included medication with weaning trial, surgery ( left ulnar nerve release and left carpal tunnel release on 8/23/14 and ulnar decompression and carpal tunnel release on 10/23/14. MRI of the lumbar spine results were reported on 3/9/11 noting small right sided disc protrusion with probable annular fissure at L5-S1 with mild narrowing of the lateral recesses, foraminal narrowing at L4-5 and L5-S1. MRI of left shoulder noted 10 X 10 mm full thickness tear, distal supraspinatus tendon without retraction or atrophy, the tear is superimposed on chronic tendinopathy. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 1/25/11 with moderate median nerve entrapment neuropathy at the right carpal tunnel, mild median sensory nerve entrapment neuropathy at the left carpal tunnel and right and left cubital tunnels with normal examination of the bilateral upper extremities and cervical spine. Currently, the injured worker complains of neck, low back, upper extremity, headaches, insomnia, depression, anxiety, and jaw pain. Per the physician's re-evaluation on 5/4/15, examination of the left elbow reveals tenderness over the medial epicondylar aspect of the left elbow, hypothenar eminency atrophy, and achiness about the left hand. Current plan of care included psychiatrist for chronic severe anxiety, dentist for possible TMJ (jaw)pain and MRI. The requested treatments include Cognitive Behavioral Therapy and Biofeedback.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy, six sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

**Decision rationale:** According to the guidelines, CBT initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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) In this case, the claimant has failed conservative interventions. The request exceeds the initial 3-4 visits to determine response. As a result the request for 6 sessions of CBT is not medically necessary.

**Biofeedback, 20 sessions:** 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 Biofeedback Page(s): 24.

**Decision rationale:** According to the 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. Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: 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). Patients may continue biofeedback exercises at home. In this case, the trial of CBT (3-4 sessions has not been completed). The request for 6 sessions as above of CBT is not medically necessary. The request for 20 sessions of biofeedback exceeds the guideline recommendations and is not medically necessary.

