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| Case Number: | CM13-0030261 | | |
| Date Assigned: | 03/17/2014 | Date of Injury: | 06/10/2008 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a female patient with a date of injury of June 10, 2008. A utilization review determination dated September 9, 2013 recommends noncertification of a four-week rehab program, 6 sessions of psychological counseling, cardiologist consultation, and nurse case management. A utilization review determination dated January 31, 2014 recommends certification of one psychotherapy evaluation and 6 psychotherapy treatments. A progress report dated February 6, 2014 identifies a subjective complaints indicating that the patient is still seeing [REDACTED] for pain management for complex regional pain syndrome. Physical examination identifies decreased range of motion with coolness in the upper extremities. Diagnoses include chronic upper extremity complex regional pain syndrome. Treatment recommendations include additional psychological treatment for 6 sessions. A progress report dated January 15, 2014 recommends 6 sessions of psychotherapy. A progress report dated November 25, 2013 includes subjective complaints indicating that the patient continues to have moderate to severe pain affecting the bilateral upper and lower extremities diffusely. The pain affects activities of daily living, the patient wants to continue with the current medication regimen which provides significant pain relief. She has a spinal cord stimulator which helps approximately 65% with upper extremity pain relief. Physical examination identifies hypersensitivity and allodynia in the upper extremities as well as hyperhidrosis and unchanged strength examination. The treatment plan states "we continue to believe that a four-week comprehensive interdisciplinary functional rehabilitation program could be significantly effective for managing the patient's current symptoms that include pain but also physical deconditioning and psychological distress." The note indicates that they have received denials for the functional rehabilitation program as well as cardiology, endocrinology, and getting a case manager. Recommendations also include continuing the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 WEEK REHAB PROGRAM UNLIMITED VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for 4 weeks of a rehabilitation program, therefore exceeds the duration recommended by guidelines for an initial trial. There is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested four-week rehabilitation program is not medically necessary.

6 SESSIONS OF PSYCHOLOGICAL CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: Regarding the request for 6 sessions of psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, it appears one psychological evaluation and 6 psychological visits have been authorized. There is no documentation of objective functional improvement or improvement in the patient's

psychological symptoms as a result of the sessions already authorized. Additionally, there is no documentation indicating what additional treatment goals may remain following the sessions already provided. In the absence of clarity regarding those issues, the currently requested 6 sessions of psychological consultation are not medically necessary.

CARDIOLOGIST CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 127 and (ODG) OFFICIAL DISABILITY GUIDELINES, EVALUATION & MANAGEMENT (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER, PAGE 127

Decision rationale: Regarding the request for referral to a cardiologist, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no statement indicating why a cardiology consult would be indicated. Additionally, there are no recent subjective complaints or objective findings which would indicate that there has been an adequate workup of the patient's cardiovascular system. As such, the currently requested cardiologist consult is not medically necessary.

NURSE CARE MANAGEMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER, PAGE 127

Decision rationale: Regarding the request for nurse case manager, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear why a nurse case manager is being requested. There is no information indicating if the patient currently has a nurse case manager, or how exactly a nurse case manager will improve the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested nurse case manager is not medically necessary.