

Case Number:	CM13-0036338		
Date Assigned:	12/13/2013	Date of Injury:	04/14/2011
Decision Date:	06/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine 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:

The injured worker has been treated for repetitive stress injury, right upper extremity and upper back since 4/4/2011. Physical exam in September 2012 showed sensory deficits in both hands, with complaints of neck pain with radicular pain in upper extremities and radiation to face. Cervical spine MRI showed disc desiccation and straightening of alignment only. NCV reported ulnar decreased sensory amplitude and median increased motor amplitude, with diagnosis of bilateral neuropathy at wrist. The pain clinic visit in April 2012 reports working full time without restrictions, medication only Naprosyn 220 mg. August 30 and October 3 the worker was reported getting worse, depressed, but still working. The patient's medications were Topamax 250 qhs prn, Ultram 50 qid prn. November 14 pain was severe, limiting activity. Norco 10/325 BID was added. December 12 Naprosyn 500 mg BID was added. Drug screen was negative on all drugs tested. MRI of left shoulder showed low-grade supraspinatus tear and mild infraspinatus tendinosis. Left shoulder MRI was reported the same. In January 2013, Psychological consult was sought for multiple psychosocial factors thought to contribute to pain, also Orthopedic consult for shoulder pain. Orthopedics in April diagnosed impingement syndrome and recommended conservative treatment of physical therapy, cortisone injections, and nonsteroidal inflammatory. He also recommended hand surgery referral to consider cubital tunnel syndrome. Psychology consult diagnosed industrial causation of psychological condition. Psychological testing in June 2013 suggested "faked bad" responses of MMPI and somatization on Whaler test. The remaining testing suggested severe psychopathology, but testing was considered invalidated by those results. By 8/22/13, Pain management reported pain stable and controlled. Gabapentin 300 mg #90 was added. September 19/2013 pain was rated 4/10, improved. The patient was again working. QME evaluation 10/22/13 noted a fair possibility of

rehabilitation. In November she presented with no pain, reporting pain at 10/10 without medication and 0/10 with.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY (QTY: 6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Cognitive Behavioral Therapy.

Decision rationale: ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain state: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. (A Fear Avoidance Questionnaire is provided in the ODG). Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to Physical Therapy. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from Physical Therapy alone. An initial trial of 3-4 psychotherapy visits over 2 weeks is recommended. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) may be authorized. A fear avoidance screen is not documented in this patient. Six sessions have been requested. Therefore the treatment requested is not medically necessary.

PHYSICAL THERAPY VISITS FOR THE NECK ARMS (QTY: 12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Evaluation and Management of Common Health Problems and Functional Recovery in Workers.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Physical Medicine Guidelines (page 98-99) recommend 9-10 visits over 8 weeks for the treatment of myalgia and myositis, with fading of frequency to 1 or less treatment weekly plus active, self-directed physical medicine, or a home exercise program. Per ODG work guidelines, 10 visits are recommended for work conditioning (MTUS page 125), but clerical and sedentary workers do not qualify. The patient has received prior physical therapy, including TENS treatments, with an unspecified number of sessions. She has not been reported to maintain a home exercise program. Current exercise has not been documented in her Pain Management visits. Given noncompliance with medication as documented in past and present drug testing, and given concurrent improvement in reported symptoms, there is no objective evidence of impairment involving the upper back or right arm.

CERVICAL MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Page 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM Guidelines criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of anatomy prior to an invasive procedure[MTUS, 177-179). MRI 9/24/12 showed only disc desiccation and straightening of alignment, with no pathology that would require surgery or other invasive procedures. The worker has shown no signs of such pathology on clinical examination. There has been no change in presentation; in fact, the worker has currently shown improvement in symptoms; drug tests show that she has not required the medications prescribed for her. She is not in a strengthening program and surgery is not anticipated.