MAXIMUS Federal Services

Case Number:	CM13-0058643		
Date Assigned:	12/30/2013	Date of Injury:	05/12/2011
Decision Date:	04/01/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Califonria. 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 physician 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 patient is a 39 year old female who was injured on 05/12/2011. The patient injured her right upper extremity (shoulder, hand and wrist) while unloading a truck. Prior treatment history has included injection of the left wrist and therapy. Urine analysis performed 10/03/2012 was all negative; urine analysis performed 01/07/2013 was negative; urine analysis performed 02/21/2013 revealed all 3 components of Norco. Psychological Assessment performed 07/29/2013 indicated MMPI responses as well as the other tests in the battery, at face value, suggested the likelihood of psychological distress, conflicts, and problems. However, both minimization of problems in some areas and exaggeration in others appeared to have affected the MMPI profile and therefore likely affected the other tests in this way as well. PR-2 dated 05/20/2013 documented the patient's medications at that time were Norco 5/325, Lyrica 50 mg, and Flector patch. Reviewed functional status overall was 5/10 with analgesic effect at 10/10. AME dated 07/29/2013 reported the patient was hospitalized at [redacted] on 03/3/2012, and admitted to the ICU for nine days. The diagnosis was acute Stevens-Johnson syndrome thought to have been caused by a reaction to a sulfa drug, cephalexin or even Motrin. She was discharged as of 03/04/2012 but still did not feel very well. She was readmitted to the hospital for about three days on 04/01/2012, for headaches and abdominal pain, fever, and this was noted to be due to a urinary tract infection. She had frequent urination and also she still had eruptions on her mucus membranes. The focus obviously was on this acute illness, because it was potentially fatal had it not been appropriately addressed. She had difficulty sleeping. Sometimes she would awaken three or four times during the night, and did not sleep soundly. She was upset and worried about her condition, about whether she was going to recover. Apparently she dreamed, had nightmares about being in the hospital, about having tubes inserted in her, and feared that she was going to die, but she did not have restless legs. She became tearful

particularly when thinking about her situation and what happened in the past. She has had nightmares about being in the hospital which could be two or three times a week. Sometimes she had a crying spell during the day, sometimes not. It could be a couple or three times a week. Other times she felt anxious, as if she would like to run away. Her daughter were helpful encouraging and very supportive to her. PR-2 dated 08/12/2013 noted current medications as Norco 5/325, Lyrica 50 mg, Flector patch. Reviewed functional status noted her overall status was 7/10 with analgesic effect at 9/10. PR-2 dated 09/09/2013 noted current medications as Norco 5/325, Lyrica 50 mg, Flector patch. Reviewed functional status noted her overall status was 7/10 and analgesic effect was 10/10. PR-2 dated 10/14/2013 documented the patient with complaints of GI tolerance problem with the medications, burning, nausea, and vomiting. Her hand still hurt a lot with frequent electric shock sensation in her left forearm and had. She had cramping in the right hand. The left hand was swollen. She had daily fatigue and headache. She has a history of an allergic reaction to cortisone injection to left wrist. She was told by the hospital it was Stevens - Johnson syndrome. After that, she developed new symptoms of tiredness; burning over her entire body especially in the hands and feet; numbness and tingling; blurred vision; double vision; depression and headache. Objective findings on exam revealed the patient to have worn a wrist splint on the right wrist/hand. She had no pitting edema. There was no clonus. No Babinski/Hoffman tests were negative. DTR was 1+ symmetrical. There was diffuse palpable tenderness bilateral above and below waist including Finkelstein maneuver was positive. There were tender points of lateral epicondyle

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Cognitive Behavioral Therapy times six (6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive-Behavioral Therapy (CBT), Chronic Pain

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

Decision rationale: Per the CA MTUS, behavioral interventions are recommended as the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy. Initial trial of 3-4 visits over 2 weeks would be appropriate, however, the request for an initial 6 visits would not fit in this time frame.

Follow-Up visits times four (4): Upheld

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

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

Decision rationale: Per the CA MTUS, behavioral intervention follow up visits are recommended with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request is non-certified as there is no information on the improvements as the initial visits were not within the guidelines.