

Case Number:	CM13-0065868		
Date Assigned:	05/09/2014	Date of Injury:	10/26/2010
Decision Date:	09/08/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/13/2013

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 Psychiatry, 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 patient is a 45-year-old female who has submitted a claim for lateral epicondylitis, long-term use of medications, insomnia due to mental disorder, and trigger finger, associated with an industrial injury date of October 26, 2010. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral upper extremity pain rated 4-5/10. This was accompanied by depressive symptoms secondary to chronic pain. History was significant for prior depression with treatment including medications and psychotherapy. Physical examination showed tenderness over the extensor carpi radialis brevis, and pain at ECRB and lateral epicondyle with resisted extension of the right middle finger. The diagnoses were lateral epicondylitis; bursitis; major depression, recurrent episode; psychogenic pain anxiety; and insomnia due to mental disorder. Behavioral and Psychological Evaluation was done on October 1, 2013 with treatment recommendations that included: cognitive behavioral therapy to assist in managing symptoms of depression and effects of chronic pain; biofeedback training to manage anxiety, sustain muscular contraction, and help transition to a home program; and referral for psycho pharmaceutical management. Treatment to date has included oral analgesics, physical therapy, TENS, home exercise program, acupuncture, and cortisone injections. A Utilization review from November 14, 2013 modified the requests for follow-up office visit with psychologist once a week for twelve weeks QTY 12 to 6 psychologist visits QTY 6 because guideline recommends initial trial of 6 visits over 6 weeks; and biofeedback one time a week for six weeks QTY 6 to QTY 4 because guideline recommends initial trial of 3-4 psychotherapy visits over 2 weeks. The request for medication management once a week for three weeks QTY 3 was modified to QTY 1. However, the rationale for the request modification was unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP OFFICE VISIT WITH PSYCHOLOGIST 1 X WEEK FOR 12 WEEKS:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient was diagnosed with major depression due to chronic pain. She has received cognitive behavioral therapy sessions, and is taking antidepressants. Expertise of a specialist would be beneficial to the patient for further evaluation and management of psychosocial issues. The medical necessity has been established. Therefore, the request for follow up office visit with psychologist 1 x week for 12 weeks is medically necessary.

BIOFEEDBACK 1 X WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Biofeedback.

Decision rationale: Page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. ODG biofeedback therapy guidelines include: 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); and patients may continue biofeedback exercises at home. In this case, patient previously received cognitive behavioral therapy. However, total number of sessions attended was not mentioned. The guideline recommends at least 3-4 psychotherapy visits over 2 weeks prior to initiation of biofeedback therapy. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the biofeedback 1 x week for 6 weeks is not medically necessary.

MEDICATION MANAGEMENT 1 X WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Medications for Subacute and Chronic Pain.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. In this case, current medications include nabumetone, buprenorphine, fluoxetine, clindamycin, Tri Sprinter, and Tylenol. Providing medication is necessary, however, the request failed to specify the drug, dosage, frequency of intake, and quantity to be dispensed. The request is incomplete; therefore, the request for medication management 1 x week for 3 weeks is not medically necessary.