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| <b>Case Number:</b>   | CM14-0012565 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 07/14/2011 |
| <b>Decision Date:</b> | 06/25/2014   | <b>UR Denial Date:</b>       | 01/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2014 |

### 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 and is licensed to practice in Texas. 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 is a 41 year old male who reported an injury of unknown mechanism on 07/14/2011. In the clinical note dated 12/10/2013, the injured worker complained of left arm pain, right hand pain, neck pain and right foot pain up into the calf. The pain was documented as aching, burning, pressure, sharp, electric like, shooting, a spasm, and stinging, but improved by opioids, lying down, and rest, sitting and avoiding movement. The injured worker also stated he had some mild nausea from his medication regimen. It was documented within the clinical notes that the injured worker has failed stellate ganglion blocks and lumbar sympathetic blocks. The physical examination was documented as the injured worker refusing to try range of motion of left upper extremities or to be touched. The sacroiliac joint was noted to be tender to palpation with radiation of pain down the back of the right lower extremity. The psychological examination revealed dull affect, the injured worker was dejected and was noted to be in considerable pain with multiple pain behaviors. The diagnoses included reflex sympathetic dystrophy, chronic pain, right foot drop, chronic lumbar radiculopathy, myofascial pain syndrome, depression, and nausea. The treatment plan included refills of oxycodone, gabapentin liquid and new prescriptions of nortriptyline and hydrocodone suspension 2mg/ml, ondansetron 8mg, Voltaren gel, and referral to licensed pain counselor and referral for Calmare. The request for authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CALMARE SCRAMBLE THERAPY EIGHT (8) TO FIFTEEN (15) VISITS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Online Version-Pain Chapter-Scrambler Therapy (Calmare(R)).

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

**Decision rationale:** The Official Disability Guidelines (ODG) state that Calmare is under study, with several promising pilot studies, but higher quality studies are needed and are currently being conducted. The evidence is not yet sufficient to permit conclusions about the benefits of Scrambler therapy, also known as transcutaneous electrical modulation pain reprocessing, for the treatment of chronic pain. In the clinical notes provided for review, it was annotated that the injured worker has failed stellate ganglion blocks and lumbar sympathetic blocks with no documentation of failed conservative therapies. The injured worker was noted as stating that opioids improved his pain. As the guidelines state the use of Calmare is still under study, the therapy would not be indicated. Therefore, the request for Calmare scrambler therapy 8 to 15 visits is not medically necessary.

**PAIN COUNSELING WEEKLY FOR EIGHT (8) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation and Treatment; Individual Counseling; Cog.

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

**Decision rationale:** The California MTUS guidelines state that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. 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. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement a total of up to 6-10 visits over 5-6 weeks (individual sessions). The clinical note lacked documentation of the injured worker failing conservative therapies such as physical therapy or home exercises. The requesting physician did not include an adequate assessment of the injured workers psychological condition including quantifiable measures of assessment. The request for 8 sessions would exceed the guideline recommendations for an initial trial of 3-4 sessions of psychotherapy over 2 weeks. Therefore the request for pain counseling for 8 weeks is not medically necessary.