

Case Number:	CM14-0150115		
Date Assigned:	09/18/2014	Date of Injury:	08/02/2013
Decision Date:	10/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 22 year old male with a date of injury on 8/2/2013. Diagnoses include sprain of elbow/forearm, and amputation of thumb. Subjective complaints are of weakness and loss of 75% of strength in the right hand, with numbness. There are also complaints of upper back pain, lower back pain, and anxiety, depression and sleep disturbances. Physical exam shows amputation of the right thumb through ring finger. Grip strength is weak, and wrist range of motion is decreased. There is hyperesthesia to the right forearm/elbow. The upper back has tenderness in the trapezius and rhomboid, and the low back has paraspinal muscle tenderness with decreased range of motion. Medications include Cyclobenzaprine, Omeprazole and Fenoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE RIGHT FOREARM, 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct

to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment is functional improvement is documented, with "functional improvement" meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, the request is for 12 sessions of acupuncture, which exceeds guideline recommendations for initial therapy. Therefore, the medical necessity for 12 acupuncture treatments is not established.

CBT X 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines COGNITIVE BEHAVIOR THERAPY, PSYCHOLOGICAL TREATMENT Page(s): 23; 101.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend cognitive behavioral therapy for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. Initial trial of 3-4 psychotherapy visits over 2 weeks is recommended, and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. For this patient, medical reports do not identify the prior amount of psychotherapy attended, and the requested 12 sessions exceeds guideline recommendations. Therefore, the medical necessity for 12 sessions of CBT is not established.

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42.

Decision rationale: The California MTUS guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction of which the patient was already taking. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of Cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication the request is not medically necessary.

TENS TRIAL, NO SPECIFICS GIVEN RE: TIME PERIOD OR BODY PARTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-122.

Decision rationale: The California MTUS guidelines for TENS use include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, if used as an adjunct to a program of evidence-based functional restoration, and a one month trial of TENS use with appropriate documentation of pain relief and function. For this patient, active therapy in conjunction with TENS has not been noted. Furthermore, the duration and anatomical location for TENS is not included in the documentation. Therefore, the medical necessity of a TENS unit is not established at this time.