

Case Number:	CM14-0169924		
Date Assigned:	10/20/2014	Date of Injury:	04/11/2014
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in New York. 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 26-year-old female who reported an injury on 04/11/2014. She sustained an injury while taking care of children. The injured worker's treatment history included medications, a transcutaneous electrical nerve stimulation (TENS) unit (which was beneficial for a few hours), chiropractic treatment (which was too intense), and ultrasound (which was very helpful in managing the pain). Diagnostic studies included an MRI of the lumbar spine and right hip dated 05/22/2014 that revealed normal findings. However, it showed a solitary 1.3 cm fibroid. The x-rays of the right hip and lumbar spine done on 09/05/2014 were negative. The injured worker was evaluated on 09/05/2014, and it was documented the injured worker complained of pain that radiated down all the right lower extremities to the toes that happens more in the mornings with activities of daily living, such as walking. The pain was described as sharp. She described back stiffness. The provider noted the injured worker was feeling better and less sad. Her PHQ-9 scored 6. The FABQ A and W scored 15/24 and 24/42. The provider noted she agreed to see a psychologist for cognitive behavioral therapy. Objective findings revealed the straight leg raise test was positive on the left, with a positive Patrick's test. There was tenderness to the posterior right hip and greater trochanter. There was pain with range of motion of the hip. Diagnoses included hip and thigh strain on right, trochanteric bursitis on the right, lumbar sprain with sacroiliac component, right sciatica resolved, depression better, and anterior femoral nerve impingement right thigh/hip. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive behavioral therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: The request for Cognitive Behavioral therapy is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that the cognitive behavioral sessions 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. The guidelines state that patients should be screened for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks:- 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). The provider noted the injured worker was feeling better and less sad. Her PHQ-9 scored 6. The FABQ A and W scored 15/24 and 24/42. The provider noted she agreed to see a psychologist for cognitive behavioral therapy. The documents submitted for review failed to indicate the injured worker having an initial psychological evaluation. Thereafter depending on the documented outcome measurements, the request for cognitive behavior therapy can determine the scope and nature and frequency of cognitive behavioral therapy visits needed. As such, the request for 1 Cognitive Behavioral Therapy is not medically necessary.

Ultrasound times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound therapeutic Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, Therapeutic Page(s): 123.

Decision rationale: The request for ultrasound times 3 is not medically necessary. The Chronic Pain Medical Treatment Guidelines do not therapeutic ultrasound is one of the most widely and frequently used electro physical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. (Robertson, 2001). The objective outcome of prior ultrasound treatments including changes in range of motion, strength or functional activity tolerance was not specified in the medical records submitted for review. Additionally the request submitted for

review failed to include body location where ultrasound therapy is required for injured worker. As such the request for ultrasound times 3 is not medically necessary.

Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The requested is not medically necessary. The California MTUS guidelines recommend lumbar trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value, and it is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. There is lack of evidence in the documentation that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. In addition, the injured worker has evidence of radiculopathy. The request failed to include body location where trigger point injections are required. As such, the request for trigger point injections is not medically necessary.