

Case Number:	CM14-0049750		
Date Assigned:	07/07/2014	Date of Injury:	02/09/2013
Decision Date:	08/21/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 24-year-old female smoker who reported dog bites to both hands on 02/09/2013. She has been diagnosed with complex regional pain syndrome. She attended 18 sessions of physical therapy and has had 4 stellate ganglion blocks. The ganglion blocks only provided transient relief. Physical therapy included desensitization, strengthening and paraffin baths. Her pain persisted. She had constant swelling in both hands, with paresthesia in the left palm and thumb. She had difficulty making a full fist and doing dexterous activities. During a psychological evaluation on 04/04/2014, she scored a 12 on the Beck Depression Inventory, indicating minimal mood symptoms. She scored a 19 on the Beck Anxiety Inventory, indicating moderate anxiety symptoms. Her Axis I diagnoses included pain disorder with psychological factors and a general medical condition; major depressive disorder, single episode, mild, and anxiety disorder, NOS. On 05/02/2014, her medications included Topamax 100 mg, Cymbalta 60 mg, Pamelor 75 mg and lidocaine cream. She was also taking nortriptyline and Zofran with no dosages noted. It was noted that Voltaren gel and Neurontin were tried previously and were ineffective. Also noted were previous cervical epidural steroid injections, which were also ineffective. The note did mention that the hand physical therapy was effective. Results of psychological instruments on 05/02/2014 were a PROMIS depression score of 51, which was deemed mild in severity; and her PROMIS anxiety score was a 55, which was also deemed mild in severity. There was no rationale for the request included in the documentation. A Request for Authorization for physical therapy was dated 04/19/2014, and a Request for Authorization for the pain psychology was dated 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and 4 sessions of pain psychology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PT: Reflex sympathetic dystrophy. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The request for evaluation and 4 sessions of pain psychology is non-certified. The California MTUS Guidelines do recommend psychological treatment for appropriately identified injured workers during treatment for chronic pain. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and a long-term effect on return to work. As noted above, this injured worker had a psychological evaluation on 04/04/2014, so requesting another evaluation is redundant. Therefore, this request for an evaluation and 4 sessions of pain psychology is non-certified.

6 sessions of chronic pain physical therapy for bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PT: Reflex sympathetic dystrophy. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 6 sessions of chronic pain physical therapy for the bilateral hands is non-certified. The California MTUS Guidelines do recommend physical medicine. Patient specific hand therapy is very important in reducing swelling, decreasing pain and improving range of motion in CRPS. The use of active treatment modalities, including exercise, education and activity modifications, instead of passive treatments is associated with substantially better clinical outcomes. Injured workers are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for 9 to 10 visits over 8 weeks for myalgia and myositis. As documented, this injured worker has had 18 sessions of physical therapy, which exceeds the guideline recommendations. Additionally, there is no documentation of functional improvement with the previous physical therapy, nor of any continuation with a home-based exercise program. Therefore, this request for 6 sessions of chronic pain physical therapy for the bilateral hands is non-certified.