

Case Number:	CM14-0056136		
Date Assigned:	09/12/2014	Date of Injury:	09/30/2005
Decision Date:	10/14/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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 Emergency Medicine 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 59-year-old female who reported a laceration to her hand when a wine bottle broke while she was loading a dishwasher on 09/30/2005. On 03/27/2014, the clinical impression for this injured worker was transection of digital nerves requiring limited flexor tenosynovectomy, suturing of digital nerves, microdissection of digital nerves of 2nd and 3rd digits, and repair of intrinsic 2nd lumbrical with development of type 2 CRPS and reactive depression. The treatment plan included a request for 6 psychological visits for psychotherapy as well as a home paraffin unit. It was noted that this worker had completed 2 weeks of a functional restoration pain management program and the request was for 6 additional weeks of that program. The 2 week program evaluation ran from 03/17/2014 to 03/28/2014. It was noted that she had made excellent progress in the functional restoration program and was extremely motivated participating in all activities, including the cognitive behavioral group. It was further noted that she was able to decrease her pain medications due to the intervention of the FRP. It was also revealed that she was getting insight into her reactive depression. The rationale for continuation in the FRP was that she had excellent attitude and high motivation to learn from the staff and to incorporate what she was learning at home. In the psycho educational classes she had been an active and positive participant and asked questions that indicated a sincere desire to improve her ability to manage her pain and improve her function. She was socializing well with other participants and appeared to be benefiting psychologically from the support and interaction. A Request for Authorization for the FRP only dated 04/10/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath Purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Paraffin wax baths.

Decision rationale: The Official Disability Guidelines recommend paraffin wax baths as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care, including exercise. Paraffin wax baths combined with exercise can be recommended for beneficial short term effects for arthritic hands. There is no evidence in the submitted documentation that this injured worker has arthritis of her hands. Additionally, the body part or parts to have been treated were not included in this request. The clinical information submitted failed to meet the evidence based guidelines for paraffin wax baths. Therefore, this request for Paraffin Bath Purchase is not medically necessary and appropriate.

Functional Restoration Program; 6 remaining weeks (5 days/week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) (FRPs) Page(s): 30-33..

Decision rationale: The California MTUS Guidelines may recommend functional restoration programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs were geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Longterm evidence suggests that the benefit of these programs diminishes over time. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation has been made, including baseline functional testing so follow-up testing can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate for surgery or other treatments that would clearly be warranted; the patient exhibits motivation to change and is willing to forego secondary gains, including disability payments, to affect this change. The submitted documentation noted that this worker was receiving ██████ a month in disability payments. There was no documentation of her willingness to forego this disability payment. Additionally, it was noted that this worker was receiving a TENS unit and the plan was for her to receive sympathetic nerve blocks. There was no documentation of the results of

her use of the TENS unit or decreased pain or functional improvement due to sympathetic nerve blocks. Furthermore, there was no documentation that this worker had an inability to function independently resulting from her chronic pain and injuries. The need for a continuation of a FRP was not clearly demonstrated in the submitted documentation. Therefore, this request for functional restoration program; 6 remaining weeks (5 days/week) is not medically necessary.

Psychological treatment; 6 individual sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC DISABILITY GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

Decision rationale: The California MTUS Guidelines recommend psychological treatment for appropriately identified patients with chronic pain. Cognitive behavioral therapy has been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have positive short term effects on pain interference and long-term effect on return to work. Following "stepped care" approach to pain management with psychological intervention has been suggested: identify and address specific concerns about pain and enhanced interventions that emphasize self-management. The role of the psychologist includes education and training of pain care providers and how to screen for patients that may need early psychological intervention; identifies patients who continue to experience pain and disability after the usual time of recovery. A consultation with a psychologist allows for a screening, assessment of roles and further treatment options, including brief individual or group therapy. The Official Disability Guidelines do recommend cognitive behavioral therapy for depression, stating that the effects may be longer lasting than therapy with antidepressants alone. Timeframes include up to 13 to 20 visits over 7 to 20 weeks if progress is being made. It was noted in the documentation that this worker had already completed 10 sessions of group psychotherapy. There was no plan of care included with the request identifying specific concerns about pain and enhanced interventions that emphasized self-management. The clinical information submitted failed to meet the evidence based guidelines for continued psychotherapy. Therefore, this request for psychological treatment; 6 individual sessions is not medically necessary.