MAXIMUS Federal Services

Case Number:	CM14-0089086		
Date Assigned:	07/23/2014	Date of Injury:	12/16/2008
Decision Date:	10/14/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational Medicine and is licensed to practice in California. 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:

There were 82 pages provided for this review. The application for independent medical review was signed on June 13, 2014. The issues were pain management counseling, urine drug screen, and [redacted] with pool. There was a peer review from May 16, 2014. This claimant was injured on December 16, 2008. The diagnoses were myalgia and myositis, pain in the limb, sprain of the shoulder and arm and cervicalgia. The most recent progress notes from April 20, 2014 shows the claimant complained of pain in the right lateral elbow rated at 6 to 8 out of 10. She reports that Nucynta gave her severe headaches and she stopped taking it. She is being more active. She walks two blocks to the bus stop and realizes how deconditioned she is. Current medicines have included Nucynta 100 mg tablets twice daily, hydrochlorothiazide, metoprolol, Suboxone and Allegra. The physical exam showed tenderness to palpation at the right at lateral epicondyles. She continued to use wrist braces reportedly to prevent contractures. The Agreed Medical Exam from December 12, 2013 notes the patient is at maximal medical improvement. The previous review felt the pool therapy for the upper extremity was not necessary. There was not a need for a reduced weight-bearing environment. The drug test was not necessary. A pain psychology evaluation is appropriate for pain management, but counseling was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **with Pool:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Aquatic Therapy page 22

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) as well as 9792.20 - 9792.26 MTUS (Effective J. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back regard aquatic therapy.

Decision rationale: Specifically regarding aquatic therapy such as would be offered by this Center, the guides note:Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, there is no evidence of conditions that would drive a need for aquatic therapy, or a need for reduced weight bearing. Finally, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general.2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. Moreover, independent programs as defined in the MTUS can be done at home, without needing specialized centers.This request for the [redacted] with pool access is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Pain, Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 43.

Decision rationale: Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary.

Pain Management Counseling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Cognitive Behavioral Therapy Psychological treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress section, under Cognitive Therapy.

Decision rationale: The MTUS is silent on 'pain management counseling'. The ODG gives guidance on cognitive therapy noting it is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977 -1996. (Gloaguen, 1998) . However, without the initial assessment, it would not be clear that counseling would be even prudent or beneficial. The request is not medically necessary.