

Case Number:	CM15-0003192		
Date Assigned:	01/14/2015	Date of Injury:	03/26/2013
Decision Date:	03/11/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old male, with a reported date of injury of 03/26/2013. The diagnoses include right elbow pain, reflex sympathetic dystrophy of the upper limb, and right epicondylitis. Treatments have included an elbow brace; gabapentin; pain medications; topical pain medications; an MRI of the right elbow in 09/213, which showed moderate tearing; steroid joint injection to the right elbow, which provided no significant relief; and 1-2 sessions of physical therapy, with no relief. The progress report dated 11/05/2014 indicates that the injured worker complained of right elbow pain. It was noted that the pain level had decreased since the last visit. The injured worker's activity level had decreased. He admitted that the medications were working well. He rated the severity of the pain as 5 out of 10, but as 3 out of 10 at its best and 8 out of 10 at its worst. The injured worker avoids physical exercise, performing household chores, participating in recreation, and doing yard-work or shopping because of this pain. The objective findings include depression, sleep disturbance, nervous breakdown, no limitation in range of motion of the right elbow, tenderness to palpation over the medial epicondyle, hypersensitivity to the medial elbow, and hyperesthesia over the medial elbow on the right side. On 12/15/2014, Utilization Review (UR) denied the request for nine (9) acupuncture sessions for the right elbow; physical therapy for the right elbow two (2) times a week for six (6) weeks; referral to a pain management psychologist for evaluation for cognitive-behavior therapy and pain coping skills training; and 3-phase bone scan of the right upper extremity with right upper extremity complex regional pain syndrome. It was noted a prior review mentioned that a psychological evaluation had been certified previously. The patient had bipolar disorder

characterized by manic depressive psychosis and required the emergent attention of a psychiatrist. The UR physician noted that the injured worker should be evaluated by a psychiatrist prior to any other treatment being performed; the injured worker had previously deferred other recommended treatment; and there was no indication that the injured worker has allodynia. The MTUS Chronic Pain Guidelines were cited. 1/2/15 medical report notes pain is 3/10 with medication and 4/10 without. There is pain in the right elbow with numbness and tingling in the bilateral arms and hands. On exam, there is right elbow tenderness over the medial epicondyle with hypersensitivity to the medial elbow and hyperesthesia. The provider recommended a bone scan given concern for CRPS. He noted that the patient's non-industrial bipolar disorder is being managed by a psychiatrist and the condition is said to be stable. PT was recommended for right medial epicondylitis, as the patient had previously completed only 1 session. Consultation with a psychologist was recommended as well as acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the right elbow, nine sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the patient does have chronic pain and a trial of acupuncture would be supported. However, the current request for 9 visits exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

Physical therapy for the right elbow, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an

extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the provider notes that the patient has completed only 1 session of PT in the past. As such, it appears that a course of PT would be appropriate. However, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

Referral for a pain management psychologist for evaluation for cognitive-behavior therapy and pain coping skills training: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102.

Decision rationale: Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, there was a prior concern that the patient should see psychiatry prior to psychological evaluation given the diagnosis of bipolar disorder, but the provider subsequently clarified that the patient is seeing a psychiatrist on a non-industrial basis and the condition is currently stable. Given the above, the currently requested psychological evaluation is medically necessary.

Three phase bone scan of the right upper extremity (RUE) with RUE CRPS (Complex Regional Pain Syndrome): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, CRPS, diagnostic tests

Decision rationale: Regarding the request for bone scan, CA MTUS does not address the issue. ODG notes that it is "recommended for select patients in early stages to help in confirmation of the diagnosis. Routine use is not recommended. A positive test is not necessarily concordant with the presence or absence of CRPS I and the diagnostic value of a positive test for CRPS is considered low from the view point of the Budapest research criteria. "Within the documentation available for review, there is no clear indication for bone scan given that the only current documented finding suggestive of the disorder is hyperesthesia at the medial elbow and the patient is also said to have medial epicondylitis, for which treatment is concurrently being pursued. As the symptoms/findings do not appear to be suggestive of this condition, there is no

clear indication for specialized imaging. In light of the above issues, the currently requested bone scan is not medically necessary.