

Case Number:	CM15-0165487		
Date Assigned:	09/03/2015	Date of Injury:	05/15/2013
Decision Date:	10/26/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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

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 33-year-old male, with a reported date of injury of 05-15-2013. The mechanism of injury was the result of a refrigerator drawer closing on his right hand, crushing it. The injured worker's symptoms at the time of the injury included right hand and forearm pain. The diagnoses include status post right hand crush injury with micro fractures along the right long and ring metacarpals with subsequent right upper extremity neuropathic pain; right radial neuritis; opiate tolerance status post detoxification; eosinophilia; depression and anxiety; vitamin D deficiency; and tobacco use. Treatments and evaluation to date have included oral medications, acupuncture, stellate ganglion blocks, cognitive behavioral therapy, and topical pain medication. According to the medical report dated 10-16-2014, the diagnostic studies to date have included an MRI of the cervical spine on 09-15-2014, which showed a very small disc protrusion at C3-4, C4-6, and mild left C3-4 foraminal stenosis and negative for foraminal stenosis. The medical report dated 07-22-2015 indicates that the injured worker had right upper extremity pain. It was noted that over time, the pain had migrated proximally into his cervical spine. The injured worker continued to report severe allodynia and pain in the right upper extremity, which was rated 10 out of 10 without medications. The physical examination showed mild distress; depressed appearance; weakness diffusely in the upper extremities; allodynia in the right hand and right arm; positive Roos test; and a test revealed severe depression. The treatment plan included the request for a cervical spinal cord stimulator trial, the continuation of cognitive behavioral therapy, and a trial of Medrox patches. The treating physician requested 8 Cognitive

Behavioral Therapy sessions, a cervical spinal cord stimulator trial, and Medrox patches #30 (date of service: 07-22-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy; 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter under Cognitive behavioral therapy (CBT).

Decision rationale: The patient presents with right upper extremity pain. Over time, this has migrated proximally into his cervical spine. The request is for Cognitive behavioral therapy; 8 sessions. The request for authorization is dated 06/24/15. Physical examination reveals positive Roos test on the right. There is allodynia on the right upper extremity. PHQ-9 score 28/30 indicates severe depression. He will continue his home exercise program and tobacco cessation. The patient's work status is not provided. MTUS Guidelines, page 23 states, Behavioral Intervention section: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Guidelines, Mental Illness & Stress Chapter under Cognitive behavioral therapy (CBT) Section states, "Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. (Crits-Christoph, 2001) ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. Treater does not discuss the request. In this case, it appears the patient has not previously attended CBT sessions and the treater is requesting initial visits of CBT. Given the patient's symptoms and diagnosis of depression and anxiety, sessions of Cognitive Behavioral Therapy would be indicated. ODG recommends up to 4 to 6 trial sessions to provide evidence of symptom improvement. However, the request for 8 sessions of Cognitive Behavioral Therapy would exceed ODG guidelines for initial trial sessions. Therefore, the request is not medically necessary.

Cervical spinal cord stimulator trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

Decision rationale: The patient presents with right upper extremity pain. Over time, this has migrated proximally into his cervical spine. The request is for Cervical spinal cord stimulator trial. The request for authorization is dated 06/24/15. Physical examination reveals positive Roos test on the right. There is allodynia on the right upper extremity. PHQ-9 score 28/30 indicates severe depression. He will continue his home exercise program and tobacco cessation. The patient's work status is not provided. MTUS Guidelines, pages 105 to 107, Spinal Cord Stimulators (SCS) section has the following: "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial." MTUS Guidelines, page 101, Psychological Evaluations, IDDS and SCS (Intrathecal Drug Delivery Systems and Spinal Cord Stimulators) section states the following: "Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. The MTUS Guidelines, page 101, under Indications For Stimulator Implants has the following: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate- Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury). Pain associated with multiple sclerosis. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. Per progress report dated 08/12/15, treater's reason for the request is "I believe the [patient] does have right upper extremity radiating neuropathic pain and the AME has given him a diagnosis of CRPS." Per progress report dated 06/29/15, treater states, "it is unlikely that [patient] has thoracic outlet syndrome. It remains possible, however, that he has developed CRPS." Per psychological evaluation dated 06/19/15, evaluator states, "I believe that [patient] is an appropriate candidate, from a psychological perspective, for a spinal cord stimulator trial." In this case, the patient has been diagnosed with CRPS and has received psychological evaluation clearance. The patient appears to be a suitable candidate as indicated per guidelines for a Spinal Cord Stimulator Trial. Therefore, the request is medically necessary.

Retrospective Medrox patches #30 with a date of service of 7/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with right upper extremity pain. Over time, this has migrated proximally into his cervical spine. The request is for Retrospective Medrox patches #30 with a date of service of 7/22/2015. The request for authorization is dated 06/24/15. Physical examination reveals positive Roos test on the right. There is allodynia on the right upper extremity. PHQ-9 score 28/30 indicates severe depression. He will continue his home exercise program and tobacco cessation. The patient's work status is not provided. MTUS Topical Analgesics Section, page 111 has the following regarding topical creams, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per progress report dated 08/12/15, treater's reason for the request is "Lyrica was not effective. He has also trialed antidepressants, benzodiazepines, and multiple opiates." Medrox is a compound topical analgesic that includes methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%. MTUS Guidelines allows capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental, particularly at high doses. Medrox Patch contains 0.0375% capsaicin, which is not supported by MTUS Guidelines. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.