

<b>Case Number:</b>	CM15-0184166		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 62 year old male, who sustained an industrial injury on 6-30-13. The injured worker was diagnosed as having cervical intervertebral disc degeneration; chronic pain syndrome; cervicobrachial myofascial pain syndrome; bilateral shoulder myofascial pain-adhesive capsulitis; right carpal tunnel syndrome; status post left carpal tunnel release; bilateral elbow medial epicondylitis; cubital tunnel syndrome. Treatment to date has included status post left carpal tunnel release (9-2013); physical therapy; medications. Diagnostics studies included EMG-NCV study bilateral upper extremities (7-10-13). Currently, the PR-2 notes dated 8-13-15 indicated the injured worker complains of pain in the neck and bilateral wrists. The provider documents "Regarding the neck and both shoulders, the pain is described as shooting, throbbing, deep with severity of pain 6-7 out of 10 and constant. Better with sleeping and no other associated symptoms. Regarding the bilateral wrists, the pain is described as numbing, cramping with severity of pain 5-6 out of 10, and occasional. IT is better with doing nothing; worse with activities that require hand and wrist movements and no associated symptoms." The injured worker is currently not working. The provider lists his current medications as "Tramadol 50 mg 1-2 daily #60, Naproxen 550mg 1-2 daily #60." Past Medications are listed as Motrin. No side effects are listed. The provider documents "Regarding the patient's overall level of pain: Intensity of pain before taking the medications 5-6 out of 10; intensity of pain after taking the medications 2 out of 10." On physical examination, the provider documents "upon inspection the cervical spine reveals normal lordosis. With palpation, there is diffuse tenderness in the paraspinal, trapezius, and interscapular region with the right side greater than the left. There is

decreased range of motion, 50% of normal in rotation and bending, and 76% of normal in flexion and extension without evidence of deficit in strength or stability." He continues documentation noting "There is tenderness over the medial epicondylar region. There is tenderness at the base of the thumb on the left. Otherwise, there is no atrophy or bony abnormality noted. The wrists are normal in appearance with no swelling or deformity present. There is a normal alignment, which is symmetric when compared bilaterally. The left thumb has an amputation and graft over the distal tip. There is tenderness over the base of the left thumb. Upper extremities - bilateral: There is normal musculature in the upper extremities without any focal atrophy. There is no localizing tenderness other than described above. There is symmetrical 5 out of 5 strength in the bilateral upper extremities and there is good range of motion without evidence of instability. There is decreased sensation in all fingers bilaterally. Otherwise, sensation is intact, light touch and pin prick in the bilateral upper extremities. RIGHT: Tinel's is positive over the median nerve at ulnar nerve at the elbow. Phalen's is negative. Hyperabduction is negative. LEFT: Tinel's is positive over the median nerve at ulnar nerve at elbow. Phalen's is negative and Hyperabduction is negative." The PR-2 dated 8-24-15 gives little to no difference in the physical examination and complaints. The cognitive behavior therapy is requested to "address factors for delayed recovery including insomnia and medication management". A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 8-28-15 and non-certification was for a Cognitive Behavioral Evaluation; Cognitive behavioral therapy x 4 and Electrodiagnostic Evaluation bilateral cervical distribution and Upper extremities. Please note that Utilization Review certified the requested Neurotin 100mg #180. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. A request for authorization has been received for Cognitive Behavioral Evaluation; Cognitive behavioral therapy x 4 and Electrodiagnostic Evaluation bilateral cervical distribution and Upper extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cognitive behavioral therapy x 4: 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): Behavioral interventions.

**Decision rationale:** Per the MTUS Guidelines, behavioral interventions are 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. The criteria for use of cognitive behavior therapy (CBT) for chronic pain include: (1) Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. (2) Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. (3) Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) are recommended. In this case, the injured

worker has been diagnosed with chronic pain syndrome with delayed recovery. He has associated symptoms of depression, anxiety, and insomnia. Physical therapy, medications and surgery has not been successful. The injured worker is a good candidate for cognitive behavioral therapy. The request for cognitive behavioral therapy x 4 is determined to be medically necessary.

**Electrodiagnostic Evaluation bilateral cervical distribution and UE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the injured worker had an EMG of the upper extremities on 7/10/13 that revealed median nerve entrapment at the wrist and C5-6/C6-7 radiculopathy on the left. There is no evidence of an interval change in regard to signs and symptoms, therefore, the request for electrodiagnostic evaluation bilateral cervical distribution and UE is determined to not be medically necessary.

**Cognitive Behavioral Evaluation:** 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): Behavioral interventions.

**Decision rationale:** Per the MTUS Guidelines, behavioral interventions are 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. The criteria for use of cognitive behavior therapy (CBT) for chronic pain include: (1) Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. (2) Initial therapy for these “at risk” patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. (3) Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) are recommended. In this case, the injured worker has been diagnosed with chronic pain syndrome with delayed recovery. He has associated symptoms of depression, anxiety, and insomnia. Physical therapy, medications and surgery has not been successful. The injured worker is a good candidate for cognitive behavioral

therapy. The request for cognitive behavioral evaluation is determined to be medically necessary.