

Case Number:	CM15-0020534		
Date Assigned:	02/10/2015	Date of Injury:	10/02/2012
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 53 year old female who sustained a work related injury October 2, 2012. Past history included s/p right wrist osteophyte, de Quervain's decompression. According to a physician's progress report dated December 30, 2014, she presented with low back pain radiating to the left lower extremity and right wrist pain. She had received deep tissue trigger massage for the wrist but would like trigger point injections. Physical examination reveals scars over the right distal wrist. Palpation reveals discrete tender trigger points over her neck and posterior shoulders with muscle twitch points, right greater than left. Sensation is decreased in the right radial nerve distribution. Impression is documented as tenosynovitis, right upper extremity; ganglion right wrist; right superficial sensory radial neuropathy and myofascial pain syndrome versus complex regional pain syndrome, possibly spreading. Treatment included right and left trigger point injections upper trapezius, mid scapular and scapular areas, request for cognitive behavioral therapy to improve dysfunctional coping mechanisms, secondary to pain, and additional myofascial therapy for neuropathic component. According to utilization review dated January 12, 2015, the request for Myofascial Therapy x (6) additional sessions right upper extremity are non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Cognitive Behavioral Therapy/Biofeedback (12) Sessions in 3-4 months was modified to (10) Sessions are certified as medically necessary, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Therapy x6 Additional Sessions Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Message Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 60.

Decision rationale: CA MTUS recommends massage therapy, for active tissue or myofascial release, as an adjunct to other therapies, such as exercise and states that it should be limited to 4-6 sessions. Massage is a passive treatment and treatment dependence should be avoided. The claimant has already been treated with massage therapy in the recent past and the request for an additional 6 sessions exceeds the recommended limit.

Cognitive Behavioral Therapy/Biofeedback 12 Session In 3-4 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Pain

Decision rationale: CA MTUS and ODG both recommend psychological treatment with a focus on identification and reinforcement of coping skills, which is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). Screen for patients with risk factors for delayed recovery risk. Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone with initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, treatment may consist of up to 6-10 visits over 5-6 weeks (individual sessions). With severe psych comorbidities (e.g., severe cases of depression and PTSD) follow the 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. In this case, there is no documentation of severe depression or post traumatic stress disorder. The original UR decision modified the request for 12 session of CBT to 10 sessions to conform to the ODG recommendations. The original request for 12 sessions of CBT is not medically necessary as it exceeds initial recommended limits for treatment.

