

Case Number:	CM15-0029785		
Date Assigned:	02/23/2015	Date of Injury:	10/15/1999
Decision Date:	05/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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, Washington

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 55-year-old female who reported an injury on 04/19/2012. The mechanism of injury was not provided. She was diagnosed with severe major depression. Her past treatments were noted to include psychotherapy, medications, injections, a TENS unit, physical therapy, and surgery. On 01/06/2015, the injured worker reported that her right elbow pain, left wrist pain, right wrist pain, left hand pain, and right hand pain had increased since the last visit. She reported her pain as 9/10. She reported she had returned to work on modified duty. Upon physical examination, she was noted to have tenderness to palpation at the cervical paraspinals. No other physical findings were provided. Her current medications were noted to include Voltaren 1% gel, Zanaflex 4 mg, gabapentin 300 mg, and Lidoderm 5% patch. The treatment plan included referral to a functional restoration program for an initial evaluation, medications, biofeedback, a psychologist, aquatic pool therapy, and cervical trigger point injections. The treating physician indicated the request is for treatment of chronic pain and disability with adjustment reaction as an adjunct to her psychiatric/psychological/psychotherapy treatment. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine trigger point injection: Upheld

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 Trigger point injections Page(s): 122.

Decision rationale: The California MTUS Guidelines note trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome. The guidelines noted there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and injured workers should have symptoms, which have persisted for more than three months. There should be evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control the injured workers pain and radiculopathy must not be present (by exam, imaging, or neuro-testing). The guidelines recommend no more than 3 to 4 injections per session should be administered. The clinical documentation submitted for review lacked evidence of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. Additionally, there was no evidence that the injured worker had participated in physical therapy and failed with NSAIDs and muscle relaxants. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Biofeedback; one (1) per week for four (4) weeks: Upheld

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 Biofeedback Page(s): 24-25.

Decision rationale: The California MTUS Guidelines state biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The clinical documentation submitted for review does indicate that the injured worker has participated in psychotherapy in the past; however, it was unclear whether the injured worker was still in psychotherapy. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.

Functional restoration program evaluation: Upheld

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 Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The California MTUS Guidelines recommend functional restoration programs when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change and is willing to forgo secondary gains; and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review indicated that the injured worker was currently working and it did not appear that the injured worker had a secondary deconditioning. Additionally, the most recent note provided for review did not provide any evidence of significant functional deficits. Furthermore, it was noted in a previous progress report dated 09/23/2014 that the treating physician requested a referral to a functional restoration program for an initial evaluation. It was unclear if this initial evaluation was authorized and if the injured worker had already undergone an evaluation. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Psychologist for CBT: Upheld

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 Behavioral interventions Page(s): 23.

Decision rationale: The California MTUS Guidelines note providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines note the initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consideration should be made for a separate psychotherapy cognitive referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, total of up to 6 to 10 sessions over 5 to 6 weeks. The clinical documentation submitted for review does provide evidence that the injured worker has participated in psychotherapy. However, there was no evidence of significant objective improvement within the psychotherapy provided. Additionally, it was unclear the number of sessions and there were no exceptional factors to warrant additional visits beyond the guidelines' recommendations. Furthermore, the request as submitted does not provide the duration of sessions for the cognitive behavioral therapy. Given the above information, the request is not supported by the guidelines. As such, the request for psychologist for CBT is not medically necessary.

Aquatherapy; twelve (12) sessions (2x6): Upheld

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 Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The California MTUS Guidelines note aquatic therapy is 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. The guidelines recommend 8 to 10 sessions over 4 weeks. The clinical documentation submitted for review does provide evidence that the injured worker has participated in land based physical therapy; however, there was no evidence of objective functional improvement within the previous therapy provided. Additionally, there was no indication that the injured worker had any weight bearing problems to warrant aqua therapy. Furthermore, the request as submitted does not provide a specific body part for the aqua therapy. Lastly, the most recent note provided for review does not provide evidence of significant objective functional deficits to warrant aqua therapy. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.