

<b>Case Number:</b>	CM15-0038328		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Arizona, California  
 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 44-year-old female, who sustained an industrial injury on 8/01/2012, resulting from cumulative trauma, while employed as a business service representative. The diagnoses have included other tenosynovitis of hand and wrist and myalgia and myositis, unspecified. Treatment to date has included conservative measures. A medial epicondyle injection was noted on 12/26/2014, with notation of decreased pain with flexion and extension of the fingers after the procedure. Currently, the injured worker complains of pain in her neck, back, wrists, and elbows. She reported borrowing a transcutaneous electrical nerve stimulation unit and "it helped". She appeared depressed and had good hygiene. Upper extremity sensation was intact, except for decreased pinprick sensation in the right C7 and C8 distribution. Tenderness was noted to bilateral wrists and over the medial epicondyle, which reproduced pain in her wrist. Current medications included Paxil, Percocet, Robaxin, and Mobic. Radiographic imaging reports were not noted. Prior treatment with outpatient psychotherapy was documented in the PR2 report dated 8/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Bio Behavioral Therapy 1 Time A Week for 8 Weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CBT Page(s): 23.

**Decision rationale:** According to the guidelines, CBT is 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. Criteria include: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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). In this case, the request for 8 visits exceed the guideline recommendation of 3-4 to determine functional improvement. Although CBT may be appropriate for the claimant, the request for 8 sessions is not medically necessary.

**TENS Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had borrowed a TENS unit and claimed benefit. The length of use was not specified and the length of future use was not indicated. The request for a TENS unit is not medically necessary.