

Case Number:	CM15-0048096		
Date Assigned:	03/20/2015	Date of Injury:	06/19/2010
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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 47-year-old female who sustained an industrial injury on 6/19/10. The injured worker reported symptoms in the bilateral upper extremities. The injured worker was diagnosed as having lateral epicondylitis elbow, clear to auscultation and lesion of ulnar nerve. Treatments to date have included oral pain medications, exercise, ice/heat applications, massage, exercise, activity modification. Currently, the injured worker complains of pain in the bilateral elbow and wrists. The plan of care was for specialist referral to behavioral pain management and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral to behavioral pain management for evaluation and five additional visits

Qty: 6: 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 cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: According to the 01/29/2015 report, this patient presents with pain in the bilateral elbow and wrist. The current request is for Specialist referral to behavioral pain management for evaluation and five additional visits Qty: 6. The request for authorization is not included in the file for review. The patient's work status is TTD until 03/02/2015 with modified workstation and work breaks after 30 minutes of activity. The Utilization Review denial letter states "the patient has an increase in anxiety and depression secondary chronic pain as well as a hostile work environment, No explanation is given for these conclusions, especially light of no documented signs and symptoms of same." Regarding the evaluation for behavioral pain management, ACOEM guidelines, chapter 7, page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise is needed as the patient is experiencing "stress from a hostile work environment anxiety and depression secondary to her chronic pain and her stressful work environment." Regarding the 5 additional visit of behavioral pain management, the MTUS Guidelines page 23 recommends an initial trial of 3 to 4 psychotherapy treatments over 2 weeks and additional treatments for a total of 6 to 10 visits with documented functional improvement. In this case, an evaluation for behavioral pain management appears reasonable and is supported by the guidelines. However, the requested 5 visits of behavioral pain management exceed what is allowed by MTUS guidelines. MTUS supports 3-4 treatments as an initial trial for behavioral pain management. The request for 5 visits IS NOT medically necessary.