

Case Number:	CM15-0085354		
Date Assigned:	05/07/2015	Date of Injury:	05/25/2011
Decision Date:	07/09/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/04/2015

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 52-year-old female, who sustained an industrial injury on May 25, 2011, incurring injuries to the hands, wrists and elbows from repetitive motions. She was diagnosed with bilateral carpal tunnel syndrome, wrist sprain, and elbow sprain. Treatments included acupuncture, surgical carpal tunnel release in May 2012 and August 2013, physical therapy, acupuncture, psychotherapy, Electromyography studies, pain medications, anti-inflammatory drugs, neuropathy drugs and wrist bracing. Carpal tunnel revision surgeries were performed in February 2014 and August 2014. Currently, the injured worker complained of persistent weakness in both elbows radiating into the hands with numbness and tingling of the fingers and associated stress and anxiety secondary to chronic pain. The treatment plan that was requested for authorization included a urine analysis, trigger point injections to the left elbow, continued individual psychotherapy, biofeedback and psyche testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 44, 106-7, 107-8, 129. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter under urine drug testing.

Decision rationale: According to the 04/01/2015 report, this patient presents with severe pain in the bilateral upper extremity. The current request is for Urine analysis. The request for authorization is not included in the file for review. The patient's work status is "TTD for 45 days." Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Tramadol (an opiate). UR alludes "there is no recent assessment of risk factors for aberrant behavior. It is unclear when the most recent UDS was obtained." Review of the provided reports show that the treating physician requested for a Urine analysis on 10/15/2014, 11/23/2014, 01/07/2015, 02/18/2015, and 04/01/2015; however, the results were not mentioned. There was no discussion regarding the patient showing any adverse behavior with opiates use. The treating physician did not explain why another UDS is needed. There is no discussion regarding this patient being at risk for any aberrant behaviors. Therefore, this request is not medically necessary.

Trigger Point Injections to the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 129.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: According to the 04/01/2015 report, this patient presents with severe pain in the bilateral upper extremity. The current request is for Trigger Point Injections to the left elbow "because therapy and medication have not been helpful." The request for authorization is not included in the file for review. The patient's work status is "TTD for 45 days." Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. In this case, the patient does not present with myofascial pain. The physical examination does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. The medical necessity cannot be substantiated at this time; therefore, this request is not medically necessary.

Continue individual psychotherapy 1 x a month for 2 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral intervention Page(s): 23. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Cognitive Behavioral Therapy (CBT).

Decision rationale: According to the 04/01/2015 report, this patient presents with severe pain in the bilateral upper extremity. The current request is for Continue individual psychotherapy 1 x a month for 2 months and Utilization Review has approved the request. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states the following regarding behavioral intervention, "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." ODG, Chronic chapter, under Psychological treatment, states the following: "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." Review of the available records show no psychotherapy treatments nor discussion regarding the patient's treatment history. In this case, given that the provided reports show no treatment histories and it is unknown if the patient has any recent psychotherapy sessions. The requested psychotherapy is recommended as the ODG guidelines support "up to 13-20 visits over 7-20 weeks." Hence, this request is medically necessary.

Biofeedback x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: According to the 04/01/2015 report, this patient presents with severe pain in the bilateral upper extremity. The current request is for Biofeedback x 2. The request for authorization is not included in the file for review. The patient's work status is "TTD for 45 days." Regarding biofeedback, MTUS states "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. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." Review of the available records show no biofeedback treatments nor discussion regarding the patient's treatment history. In this case, the requested biofeedback is related to the patient's chronic condition. The ODG guidelines recommend a trial of 3 to 4 sessions. Subsequent visits will

depend on evidence of objective functional improvement. Therefore, the requested 2 sessions appears reasonable and is medically necessary.

Psyche testing (BDI, BAI x 2): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: According to the 04/01/2015 report, this patient presents with severe pain in the bilateral upper extremity. The current request is for Psyche testing (BDI, BAI x 2) but the treating physician's report containing the request and the request for authorization is not included in the file. However, the Utilization Review modified the request to 1 Psyche testing of BDI and BAI. Regarding testing, MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In this case, the treating physician feels that additional expertise including Psyche testing may be required to monitor the patient's progress. Therefore, this request is medically necessary.