MAXIMUS Federal Services

Case Number:	CM15-0096921		
Date Assigned:	05/27/2015	Date of Injury:	10/19/2010
Decision Date:	07/03/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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 51 year old female, who sustained an industrial injury on 10/19/10. She reported acute, sharp, aching pain along the left thumb. The injured worker was diagnosed as having complex regional pain syndrome and anxiety/depression. Treatment to date has included psychology treatment, oral medications including narcotics, joint injections, left thumb surgery, post-op physical therapy, revision and repair of severed radial nerve and activity restrictions. Currently, the injured worker complains of left arm pain traveling to left side of face, worsening throughout the day and increases with activity. She is currently not working. Physical exam of left hand demonstrates loss of range of motion through the entirety of the left thumb with mottling noted over the dorsum of the left thumb and strength guarded secondary to pain throughout the left hand. The treatment plan included 20 sessions of neuro-biofeedback, 20 sessions of psychotherapy, 20 sessions of physical therapy and unlimited office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 sessions of psychological consultation with [redacted]: 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 functional restoration programs Page(s): 49.

Decision rationale: The patient complains of left arm pain traveling all the way up to the left side of the face, as per progress report dated 04/27/15. The request is for 4 WEEK REHAB TO INCLUDE: 20 SESSIONS OF PSYCHOLOGICAL CONSULT WITH [redacted] The RFA for the case is dated 04/28/15, and the patient's date of injury is 10/19/10. The patient also suffers from depression, anxiety and sleep deprivation, as per progress report dated 04/27/15. The patient has been diagnosed with complex regional pain syndrome type I of the upper extremity. Medications included Levorphenol, Percocet, Ambien, Lyrica, Cymbalta, Elavil, Atenelol, Digoxin, Zocor, Fenofibrate and supplements. The patient is not working, as per the same progress report. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that “Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved.” MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." In this case, the patient suffers from insomnia, depression and anxiety secondary to chronic pain. In progress report dated 04/27/15, the treater states that "ketamine will allow us to get effective means of pain control and then thereafter push her both mentally and physically through rehabilitation." The treater believes that together these treatment modules will provide "sustained long-lasting benefit." The patient has not participated in any interdisciplinary program. MTUS, however, supports FRP only when all other treatment methods have failed. Additionally, reports lack documentation that indicates that the patient has motivation to change and it not clear if the negative predictors for success have been identified and addressed. Given the lack of documentation, the request IS NOT medically necessary.

20 sessions of intense physical therapy: 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 Physical medicine Page(s): 98-99.

Decision rationale: The patient complains of left arm pain traveling all the way up to the left side of the face, as per progress report dated 04/27/15. The request is for 20 SESSIONS OF INTENSE PHYSICAL THERAPY. The RFA for the case is dated 04/28/15, and the patient's date of injury is 10/19/10. The patient also suffers from depression, anxiety and sleep

deprivation, as per progress report dated 04/27/15. The patient has been diagnosed with complex regional pain syndrome type I of the upper extremity. Medications included Levorphenol, Percocet, Ambien, Lyrica, Cymbalta, Elavil, Atenelol, Digoxin, Zocor, Fenofibrate and supplements. The patient is not working, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Given the patient's date of injury, it is reasonable to assume that the patient has undergone some PT in the past. The treater, however, does not document the number of sessions completed and their impact on pain and function. Nonetheless, MTUS only allows for 8-10 sessions of PT in non-operative cases. Hence, the treater's request for 20 sessions is excessive and IS NOT medically necessary.

20 sessions of neurobiofeedback with [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Biofeedback.

Decision rationale: The patient complains of left arm pain traveling all the way up to the left side of the face, as per progress report dated 04/27/15. The request is for 20 SESSIONS OF NEUROBIOFEEDBACK WITH [redacted] The RFA for the case is dated 04/28/15, and the patient's date of injury is 10/19/10. The patient also suffers from depression, anxiety and sleep deprivation, as per progress report dated 04/27/15. The patient has been diagnosed with complex regional pain syndrome type I of the upper extremity. Medications included Levorphenol, Percocet, Ambien, Lyrica, Cymbalta, Elavil, Atenelol, Digoxin, Zocor, Fenofibrate and supplements. The patient is not working, as per the same progress report. ODG Guidelines, chapter "Pain (Chronic)" and Title "Biofeedback", states that "Not recommended. EMG biofeedback has been used as part of a behavioral treatment program, with the assumption that the ability to reduce muscle tension will be improved through feedback of data regarding degree of muscle tension to the subject. 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." In addition, ODG states that an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement up to 6 to 10 visits over 5 to 6 weeks is recommended. In this case, the patient suffers from insomnia, depression and anxiety secondary to chronic pain. In progress report dated 04/27/15, the treater states that "ketamine will allow us to get effective means of pain control and then thereafter push her both mentally and physically through rehabilitation." The request for biofeedback is related to this plan. ODG guidelines, however, recommend a trial of 3 to 4 sessions. Subsequent visits will depend on evidence of objective functional improvement. Hence, the treater's request for 20 sessions appears excessive and IS NOT medically necessary.

Unlimited visits to [redacted]: 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 Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The patient complains of left arm pain traveling all the way up to the left side of the face, as per progress report dated 04/27/15. The request is for UNLIMITED VISITS TO [redacted]. The RFA for the case is dated 04/28/15, and the patient's date of injury is 10/19/10. The patient also suffers from depression, anxiety and sleep deprivation, as per progress report dated 04/27/15. The patient has been diagnosed with complex regional pain syndrome type I of the upper extremity. Medications included Levorphenol, Percocet, Ambien, Lyrica, Cymbalta, Elavil, Atenelol, Digoxin, Zocor, Fenofibrate and supplements. The patient is not working, as per the same progress report. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the progress reports are from [redacted] a pain management specialist. The treater is requesting for unlimited follow-up visits. While the patient suffers from chronic pain and may benefit from additional care, MTUS does not support open-ended requests such as this. Hence, the request IS NOT medically necessary.