

Case Number:	CM13-0015811		
Date Assigned:	06/06/2014	Date of Injury:	02/04/1994
Decision Date:	08/15/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 70 year old female with an injury date on 02/04/1994. Based on the 06/28/2013 progress report provided by the treating physician, the diagnoses are, ODD lumbar, lumbosacral radiculitis NOS, cervicalgia, myalgia and myositis NOS, headache, temporomandibular joint disorders, knee pain -left medial and lateral collateral ligament area, facet arthropathy, depression, cervical stenosis, shoulder pain - on the rt status post fall on 8/9/07, chronic pain syndrome. According to this report, the patient suffers from chronic pain and has developed complex secondary symptoms. The patient has increased her activity level, from sedentary with no exercise, to engaging in mild to moderate physical activity 2 to 3 hours per day, a minimum of 3-4 days per week. There were no other significant findings noted on this report. The treating physician is requesting, unspecified number of sessions for acupuncture therapy, 6 hours of housekeeping per weeks and psychologist for evaluation/ongoing pain psychology assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THERAPY (# OF SESSIONS NOT GIVEN): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 06/28/2013 report by the treating physician this patient presents with chronic pain and has developed complex secondary symptoms. The treating physician is requesting an unspecified number of sessions for acupuncture therapy. For acupuncture, the MTUS Guidelines page 8 recommend acupuncture for pain suffering and restoration of function. The recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. In this case, medical records from 04/04/2013 to 06/28/2013 do not indicate that this patient has had any prior acupuncture treatments. An initial course of 3 to 6 may be warranted but the treating physician does not mention duration and frequency in the request. The MTUS guidelines limit therapy treatments to 6 sessions. Recommendation is for denial. As such, the request is not medically necessary.

HOUSE KEEPING 6 HOURS PER WEEK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services MTUS has the following regarding home services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the 06/28/2013 report by the treating physician this patient presents with chronic pain and has developed complex secondary symptoms. The treating physician is requesting 6 hours of housekeeping per week. Regarding the provider's request for home care, the MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. The MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. In this case, the treating physician indicates that the patient needs help with house care such as clean-up, laundry, shopping as well as personal care such as dressing, bathing, etc. The 06/28/2013 report indicates that the patient has increased her activity level, from sedentary with no exercise, to engaging in mild to moderate physical activity 2 to 3 hours per day, a minimum of 3-4 days per week. There were no discussions regarding the patient's function at home. If the patient needs medical treatment on a part-time or intermittent basis and is homebound then the request for homecare would be reasonable. However, the treating physician does not explain what the 6 hours per day is to include for home care. Recommendation is for denial. As such, the request is not medically necessary.

REFERRAL TO A PSYCHOLOGIST FOR EVALUATION/ ONGOING PAIN PSYCHOLOGY ASSISTANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, page 127.

Decision rationale: According to the 06/28/2013 report by the treating physician this patient presents with chronic pain and has developed complex secondary symptoms. The treating physician is requesting a psychologist for an evaluation/ongoing pain psychology assistance. Regarding consultations, the ACOEM 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. In this case, the treating physician does not explain why a psychological evaluation and ongoing pain psychology assistance are needed. However, the treating physician mentioned that the patient has psychological issues such as anxiety, depression, and is struggling with the chronic pain. An evaluation by a psychologist appears reasonable but the request is for ongoing pain psychology assistance which does not define the duration and nature of the psychologist's involvement. The MTUS recommends up to 6 sessions of cognitive behavioral therapy to aid in the pain management. Given the lack of clarity regarding the request, recommendation is for denial.