

Case Number:	CM13-0040284		
Date Assigned:	12/20/2013	Date of Injury:	05/13/2009
Decision Date:	03/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 52-year-old male who reported injury on 05/13/2009. The mechanism of injury was noted to be a motor vehicle accident. The patient was noted to have participated in 18 acupuncture visits. The patient's diagnoses were noted to include adjustment disorder with mixed anxiety and depressed mood, and pain disorder with both psychological factors and general medical condition. Objectively, the patient was mildly and moderately dysthymic, mildly to moderately anxious, and his thought and speech were clear and coherent and his affect was appropriate. The treatment plan was noted to be continuing to participate in a series of 10 sessions of individual cognitive behavioral psychotherapy to deal with depression, anxiety, and persistent pain and an additional set of 12 sessions of acupuncture which had positive impact on the patient's tension and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture treatments may be extended if there is objective functional improvement that is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Clinical documentation submitted for review indicated the patient had 18 sessions of prior acupuncture. The clinical documentation indicated the patient had acupuncture that was having a positive impact on tension and pain; however, there was lack of documentation indicating objective functional improvement in the performance of activities of daily living. The request as submitted failed to indicate the body part the acupuncture was for. Given the above, the request for acupuncture 12 sessions is not medically necessary.

10 individual CBT sessions.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Behavioral Interventions Section.

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

Decision rationale: The California MTUS Guidelines indicate that cognitive behavioral therapy is appropriate and with evidence of objective function improvement there can be a total of up to 6 to 10 visits over 5 to 6 weeks is appropriate. There was a lack of documentation indicating the number of the patient's prior cognitive behavioral therapy sessions and there was a lack of objective functional benefit with prior treatments. Given the above, the request for individual cognitive behavioral therapy 10 sessions is not medically necessary.