

Case Number:	CM13-0062308		
Date Assigned:	05/07/2014	Date of Injury:	04/16/2007
Decision Date:	07/09/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/06/2013

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 Internal Medicine, 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 injured worker has neck and left upper extremity conditions based on a date of injury of 4/16/07. An initial comprehensive pain management report dated 10/15/13 stated that the chief complaints were left neck, shoulder, arm, and hand pain. The patient is a 44-year-old female. Her treatment history includes nerve blocks, TENS, physical therapy, acupuncture, chiropractic, Lyrica, Tramadol, and Hydrocodone. Her past medical history includes reflex sympathetic dystrophy and TMJ. She underwent rotator-cuff surgery, and carpal tunnel surgery. Physical examination revealed pain at a 6/10. The patient is well developed and well-nourished. She is alert and oriented. Mood and affect reveals that the patient is in depression. The patient is in mild distress. She has good hygiene. There is no apparent loss of coordination. Breath sounds are equal bilaterally. There is no wheezing. Cardiac rate and rhythm is regular. The abdomen is soft, with no masses palpated, no rebound, rigidity or tenderness. Cranial nerves II to XII were grossly intact. Motor strength is grossly normal except for a weak left arm and hand. There is no cyanosis, clubbing or edema. There is nothing to suggest active Complex Regional Pain Syndrome at this time. She is not currently under the care of any physician for purposes of pain management referable to her industrial injuries. The patient stated that she has benefited in the past from psychological evaluation and cognitive behavioral therapy. It has been quite some time now since she has received any type of mental health services and it's clear from this evaluation that she should be reevaluated. The patient also stated that she has benefited in the past from therapeutic acupuncture. The treatment plan included a prescription for Nucynta, and to request authorization for acupuncture and psychological evaluation and treatments. Via a 3/1/13 supplemental medical-legal report by an agreed medical evaluator, the patient showed no pain-related behavior and no obvious musculoskeletal abnormalities as per a sub rosa videotape documenting dates 11/25/11, 11/28/11, 1/17/13, 1/18/13, and 1/19/13. A 3/5/13 agreed medical-

legal psychiatric supplemental report also discussed the sub rosa video records, stating that the patient had more function in her left upper extremity that was observed by the treating physician. The patient's history and reported level of dysfunction, with regards to her left upper extremity, was not consistent with the level of function shown in the videos. Absent a reasonable explanation as to how she was able to function at the level seen in the videos, it was more likely than not that she was over-reporting her level of difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE EVALUATION AND TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL VS SELF-MANAGEMENT MODEL.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention. The optimum duration is 1 to 2 months. The Official Disability Guidelines (ODG) state that acupuncture is an option for some conditions using a short course in conjunction with other interventions. This passive intervention is only recommended when used as an adjunct to active rehab efforts. Acupuncture is not recommended for neck pain or carpal tunnel syndrome. The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. The medical records, MTUS, and ODG do not support the medical necessity of acupuncture for this patient.

PAIN PSYCH EVALUATION AND TREATMENT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL VS SELF-MANAGEMENT MODEL.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. 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. The patient has a history of depression. Physical examination documented a depressed mood and affect. The patient's condition is uncertain, with discrepancies and inconsistencies on sub rosa videos. Psychosocial

factors are present. The plan and course of care would benefit from additional expertise of a psychologist. As such, the request is medically necessary.