

Case Number:	CM14-0002107		
Date Assigned:	01/24/2014	Date of Injury:	06/18/2007
Decision Date:	06/16/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational 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 patient is a 64 year-old male who has submitted a claim for Posttraumatic Stress Disorder and Pain Disorder associated with an industrial injury date of June 18, 2007. Medical records from 2012-2014 were reviewed, the latest of which dated January 28, 2014 revealed that the pain increased without acupuncture for nine weeks. There is chronic inflammation of the trigeminal nerve area rate 6-10/10, frontal orbital area rated 6-8/10 and jaw/TMJ area rated 6/10. The patient complains of blurred vision with facial pain. With acupuncture, pain was 1-2/10. Acupuncture seemed to decrease pain and stabilize the mood. Sleep was interrupted frequently due to pain. Fatigue causing inattention and memory problems, and committing frequent errors in activities of daily living, shopping, cooking, and banking. The patient is trying chiropractic therapy, stress reduction, affirmations, and herbs to manage pain. Patient presented depression level 7-8/10 and anxiety level 8/10. With pain, flashbacks of the attacks occur at work. Patient continues Chinese exercises, yoga, and running to increase endorphins and serotonin; focusing on hobbies of art, collecting, and being with friends to enhance coping skills; and continues to use supplements and diet to try and manage tension an depression. Without completion of dental care and pain treatment, the patient feels that his psychological status is declining. On physical examination, there is appropriate hygiene and attire. Thought process appeared clear and well connected. The patient is able to maintain attention, alertness, comprehend questions and instructions during sessions. Verbalizations were fluent, spontaneous and organized at average rate. He seemed to relapse and more dysphoric with tears and anxious especially when speaking of trigeminal pain, dental problems and Post-traumatic stress disorder (PTSD) symptoms. There is no evidence of psychotic thought processes or behaviors. Treatment to date has included undated dental surgery on the upper right jaw, acupuncture, chiropractic therapy, E-stim, myofascial release, soft tissue mobilization and massage, infrared, therapeutic exercises, and

unspecified medications. Utilization review from December 27, 2013 denied the request for acupuncture once per week for 45 days because the claimant underwent extensive acupuncture treatment with benefits from prior care and the patient would be well versed with a home exercise program, and denied the request for psychotherapy two times per month for 45 days because the current mental status is not outlined and specific functional progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONCE PER WEEK FOR 45 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114.

Decision rationale: As stated on page 114 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, it is important to have of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. Monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, the CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In this case, the patient had previous acupuncture treatments with noted pain relief and improvement. However, the total number of sessions received is unknown due to lack of documentation. Additional acupuncture treatment may exceed guideline recommendations. Maintenance care is not recommended. Therefore, the request for acupuncture once per week for 45 days is not medically necessary.

PSYCHOTHERAPY TWO TIMES PER MONTH FOR 45 DAYS: 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 BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: As stated on page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. In this case, psychotherapy was prescribed to address the depression and anxiety symptoms of Post-traumatic

stress disorder (PTSD). The patient had previous psychotherapy sessions. However, the total number of sessions and evidence of functional improvement with previous PT were not documented. Additional session may exceed guideline recommendations. Therefore, the request for psychotherapy two times per month for 45 days is not medically necessary.