

<b>Case Number:</b>	CM14-0101958		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/16/2008
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine & 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 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 underlying date of injury in this case is 01/16/2008. The date of the utilization review under appeal is 06/11/2014. On 05/29/2014, the patient was seen in primary treating physician followup regarding cervicalgia with a chronic pain syndrome and myositis. The treating physician noted that the patient had ongoing pain despite extensive conservative treatment. The treating physician concluded the patient met the treatment schedule guidelines for opioid use and planned to stop Soma and add an opioid. The treating physician additionally planned psychological screening to assess for any other reasons the patient had not improved and recommended a trial of medial branch blocks and a trial of acupuncture as well as electrical neural stimulation and myofascial release. An initial physician review concluded that acupuncture was not indicated by the guidelines for cervical conditions. That review concluded there was no documented benefit for psychological screening testing and recommended modification of office requests to two visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BBHI2-P3 Baseline Pain Psychological Evaluation Qty 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127, Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on psychological evaluation, page 100, recommends psychological evaluations by a psychologist. The guidelines do not recommend evaluation via screening testing instruments outside the setting of a psychologist's evaluation. The records do not provide alternate rationale for this request. This request is not medically necessary.

**Office or other outpatient visit for the evaluation and management of a new patient Qty: 6:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** The ACOEM Guidelines, chapter 2, assessment, page 21, recommend a history and physical examination as part of the evaluation for all new patients. While this is recommended, the current request is for six such visits. It may be that the request was intended to be for a new visit and a follow-up visits. Six initial visits with the physician would not be indicated and are not supported by the guidelines. Therefore, this request is not medically necessary.

**Acupuncture Treatments To The Neck x 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Complaints

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, section 24.1, page I, recommends acupuncture as an adjunct to hasten functional recovery, with a maximum initial trial of six acupuncture sessions. Therefore, the request at this time is consistent with the treatment guidelines. An initial physician review states that the treatment guideline does not support acupuncture to the neck; such restriction against cervical acupuncture is not present in the acupuncture treatment guidelines, section 24.1. This request is medically necessary.