

Case Number:	CM14-0135743		
Date Assigned:	08/29/2014	Date of Injury:	03/11/2008
Decision Date:	09/25/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 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:

This 48 year-old patient sustained an injury on 3/11/08 from pushing a heavy object while employed by [REDACTED]. Request(s) under consideration include acupuncture x 5 and pain psychologist x 6 visits. Diagnoses include lumbar disc displacement without myelopathy; cervical spondylosis/ intervertebral disc displacement without myelopathy; cervicgia; post-laminectomy/ lumbosacral; long-term use of medications. The patient has past medical history of myofascial pain; opiate tolerance and osteoarthritis. Conservative care has included mediations, therapy, injections and modified activities/rest. The patient is s/p cervical fusion and lumbar discectomy/ laminectomy. Per report of 7/25/14 from the provider, the patient had ongoing chronic neck, low back, and left lower extremity pain rated at 7/10 associated with aching sensation in upper extremity without radiation. Exam showed functional baseline gait and appeared neurologically intact without deficiencies altered from baseline level of function. Treatment plan included detox, pain psychologists, and medication prescription for Norco, MS Contin, Cyclobenzaprine, and Etodolac. The request(s) for acupuncture x 5 was modified for 3 visits and pain psychologist x 6 visits was modified for psychology evaluation on 8/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES Page(s): 8-9.

Decision rationale: This 48 year-old patient sustained an injury on 3/11/08 from pushing a heavy object while employed by [REDACTED]. Request(s) under consideration include Acupuncture x 5 and Pain psychologist x 6 visits. Diagnoses include lumbar disc displacement without myelopathy; cervical spondylosis/ intervertebral disc displacement without myelopathy; cervicgia; post-laminectomy/ lumbosacral; long-term use of medications. The patient has past medical history of myofascial pain; opiate tolerance and osteoarthritis. Conservative care has included mediations, therapy, injections and modified activities/rest. The patient is s/p cervical fusion and lumbar discectomy/ laminectomy. Per report of 7/25/14 from the provider, the patient had ongoing chronic neck, low back, and left lower extremity pain rated at 7/10 associated with aching sensation in upper extremity without radiation. Exam showed functional baseline gait and appeared neurologically intact without deficiencies altered from baseline level of function. Treatment plan included detox, pain psychologists, and medication prescription for Norco, MS Contin, Cyclobenzaprine, and Etodolac. The request(s) for acupuncture x 5 was modified for 3 visits and pain psychologist x 6 visits was modified for psychology evaluation on 8/5/14. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture for few visit of treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 3 prior sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The acupuncture x 5 is not medically necessary and appropriate

Pain psychologist x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & stress (updated 06/12/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-405; 400-401. Decision based on Non-MTUS Citation Chapter 7-Independent Medical Examinations and Consultations, page 127 Official Disability Guidelines (ODG) Pain Chapter, Biofeedback, pages 669-670.

Decision rationale: This 48 year-old patient sustained an injury on 3/11/08 from pushing a heavy object while employed by [REDACTED]. Request(s) under consideration include acupuncture x 5 and pain psychologist x 6 visits. Diagnoses include lumbar disc displacement without myelopathy; cervical spondylosis/ intervertebral disc displacement without myelopathy; cervicgia; post-laminectomy/ lumbosacral; long-term use of medications. The

patient has past medical history of myofascial pain; opiate tolerance and osteoarthritis. Conservative care has included medications, therapy, injections and modified activities/rest. The patient is s/p cervical fusion and lumbar discectomy/ laminectomy. Per report of 7/25/14 from the provider, the patient had ongoing chronic neck, low back, and left lower extremity pain rated at 7/10 associated with aching sensation in upper extremity without radiation. Exam showed functional baseline gait and appeared neurologically intact without deficiencies altered from baseline level of function. Treatment plan included detox, pain psychologists, and medication prescription for Norco, MS Contin, Cyclobenzaprine, and Etodolac. The request(s) for acupuncture x 5 was modified for 3 visits and pain psychologist x 6 visits was modified for psychology evaluation on 8/5/14. Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, this has not been demonstrated here. Submitted reports from the provider has not adequately demonstrated the patient's current psychological status nor indicated any psychological evaluation has been done or what functional response or treatment plan has been attained from psychological assessment. The patient has unchanged pain symptoms and clinical findings for this 2008 injury without specific acute neurological deficits, acute flare-up, or new injury. The psychological counseling 6 times is not medically necessary and appropriate.