

Case Number:	CM14-0139580		
Date Assigned:	09/05/2014	Date of Injury:	03/13/2007
Decision Date:	10/09/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine, and is licensed to practice in California & Illinois. 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 is a 63-year-old female who reported an injury on 03/13/2007 due to an unknown mechanism. Diagnoses were pain in limb and unspecified major depression, recurrent episode. Past treatments were TENS unit, wrist splints, and physical therapy. Diagnostic studies were an EMG on 06/13/2007 that revealed he was essentially normal. Surgical history was not reported. Physical examination on 08/18/2014 revealed complaints of chronic back and upper extremity pain secondary to repetitive strain injury. The injured worker reported that any kind of typing or mousing aggravates her pain. Repetitive motion with her upper extremities does aggravate her pain. The injured worker complained of poor concentration, memory loss, and weakness, but denied balance problems, numbness, seizures, and tremors. The examination revealed tenderness to palpation of the bilateral upper extremities was generalized over the bilateral wrists, forearms, and elbows. The injured worker also had muscle tension at the upper trapezius muscles bilaterally. Sensations were intact to light touch at the bilateral upper extremities. Motor strength with grip was 5/5. Tinel's was negative bilaterally at the wrists and elbows. Medications were pantoprazole (Protonix) 20 mg, tramadol HCL ER 150 mg, and ibuprofen 600 mg. The treatment plan was for 12 sessions of acupuncture for the upper extremities. Also, recommendations were for cognitive behavioral therapy sessions and psychology consultation x1. The rationale and Request for Authorization were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology consultation QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100, 101.

Decision rationale: The California Medical Treatment Utilization Schedule states psychological evaluations are generally accepted, well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or are work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluations should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. The medical guidelines support the use of psychological evaluation. Therefore, the request is medically necessary.

Cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding Mental Illness & Stress (updated 6/12/14); Cognitive therapy for depression

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30, 32.

Decision rationale: The California Medical Treatment Utilization Schedule states recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria. Also called multidisciplinary pain programs or interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care, along with physical therapy and occupational therapy. Criteria for the general use of a multidisciplinary pain management program are: there should be an adequate thorough evaluation made, including baseline functional testing so follow-up with the same test can note functional improvement, previous methods of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement. The patient has a significant loss of ability to function independently resulting from the chronic pain, and is not a candidate where surgery or other treatments would clearly be warranted. The patient must also exhibit motivation to change, and is willing to fore go secondary gains, including disability payments, to effect this change. It was not reported that the injured worker was not a candidate for surgery. It was not reported that the injured worker exhibited motivation to change and to go back to work. The injured worker reported that she could not go back to work due to the fact that it increased her pain to move a mouse and type on a keyboard. Therefore, this request is not medically

necessary.3. Acupuncture sessions to the upper extremities QTY: 12.00 is not medically necessary and appropriate.

Acupuncture sessions to the upper extremities QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 treatments to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The medical guidelines state 3 treatments to 6 treatments of acupuncture and that it may be extended if functional improvement is documented. This request exceeds the recommended visits. Therefore, the request is not medically necessary.