

<b>Case Number:</b>	CM14-0161824		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/18/2009
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio. 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 individual is a 51 year old female who sustained an industrially related injury on an unknown date involving her cervical region. She has ongoing complaints of right shoulder, bilateral forearm and hand pain. She also has a complaint of paresthesias in her hands. She is status post medial branch block on 2/28/14. Available records indicate that pain is at a 3/10 level with oral medications, physical therapy, occupational therapy and home exercise being credited with reduction in pain levels and increase in ADL function. Available medical records of physical examination findings indicate cervical and shoulder tenderness, positive Tinel's and Phalen's signs, symmetric strength in the bilateral upper extremities and slightly hyperactive deep tendon reflexes in the bilateral upper extremities (3+). It is noted in the available records (page 25/46) that a mistake had been made regarding this individual's request. The treating provider agrees with the decision for 6 CBT psychotherapy sessions (as opposed to the 10 initially requested).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy (10-sessions):** 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 Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT)

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines refer to Cognitive Behavioral Psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain". MTUS details that "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." Official Disability Guidelines further states that "Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to physical therapy. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical therapy alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". Medical documents provided to not detail physical therapy failure in regards to chronic pain. Even with a failure of physical therapy, the initial trial of CBT is for 4 sessions or additional ongoing sessions of 6-10 visits. Therefore, this request is not medically necessary.

**Acupuncture (10-sessions):** Upheld

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

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

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents did not provide detail regarding patient's increase/decrease or non-tolerance of pain medication; also the areas to be treated are not indicated. Further, there was no evidence presented to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. As such, the request for 10 treatments of acupuncture is deemed not medically necessary.