

<b>Case Number:</b>	CM14-0167306		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	08/02/2009
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Neurology 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 Injured Worker (IW) is a 61 year-old female with a reported date of injury as 8/2/2009. The mechanism of injury is not specified in the documents provided. Medical reports indicate that the IW has a history of chronic low back pain, lumbar degenerative disk disease, lumbar radiculopathy, lumbar myofascial pain, a small labral tear of the posterolateral left hip, lumbar strain, and a history of severe depression. Brief notes from examinations indicate tenderness with palpation of lumbar paraspinal muscles and muscle spasms; limited forward flexion and extension; and an antalgic gait. Records indicate that the IW is seeing a psychologist and reports that it has been helpful, but treatment plans or expectations regarding this therapy are absent from the documents submitted. She has been encouraged to be more active and continue with a home exercise program. Pain complaints have been treated with Motrin, Vicodin, and Nortriptyline. It is reported that acupuncture has been extremely helpful, and clinical reports indicate that the patient has received at least 8 such treatments. Details or comments specific to the nature of pain improvement or measurements of improvement in function are absent from the exam notes and are not provided in the reports from the acupuncturist. A request for a psychiatric consultation (8/18/2014) and a request for an additional six acupuncture treatments for the lumbar spine (9/11/2014) were submitted and determined not medically necessary in a single utilization review dated 10/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 6 for the lumber spine QTY:6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS, Definitions for the MTUS, functional improvement, chronic pain, pp. 1

**Decision rationale:** The MTUS' Acupuncture Medical Treatment Guidelines state that acupuncture treatment is indicated as an option in the treatment of chronic pain when pain medication is not tolerated well or as an adjunct to physical rehabilitation to hasten functional recovery. Treatments can be used to reduce pain and inflammation, increase blood flow, increase range of motion or decrease side-effects of some medication-induced nausea. It may also be used to promote relaxation and reduce muscle spasm. Functional improvement can be produced within 3 to 6 treatments, with a frequency of 1 to 3 times weekly, for up to optimum duration of 1 to 2 months. Continued use of acupuncture may be warranted if functional improvement is documented according to MTUS guidelines. These guidelines indicate that "functional improvement" (Definitions for the MTUS, functional improvement, chronic pain, pp. 1) means a clinically significant improvement in the activities of daily living or a reduction in work restrictions, or a reduction in the dependency of continued medical treatment. These improvements should be measured during the history and physical exam and adequately documented. In this case, there have been no measurements of improved functionality documented in any of the reports submitted by the requesting physician or the acupuncturist which might have substantiated the medical necessity for continued acupuncture treatments.

**Psychiatric consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127

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

**Decision rationale:** The MTUS recommends psychological evaluation for the diagnostic purpose to distinguish between conditions that may have been pre-existing or aggravated by the current injury or work conditions (Psychological evaluations, p. 100 - 101). The interpretation of the evaluations should be used to provide the treating physician a better understanding of patient and her social environment and to therefore provide a more effective rehabilitation. Further, a consultation may be used to appropriately identify patients in treatment for chronic pain who may benefit from psychological treatment (i.e., anti-depressants, psychotherapy, cognitive-behavior interventions, etc.). While the reports indicate that the IW has seen a psychologist (apparently to address her reported history of severe depression), there is no indication that a psychiatric evaluation for diagnostic purposes specific to treatment for chronic pain secondary to her injury has actually occurred. It is recommended that a psychiatric consultation be provided for the purpose of diagnosis and evaluation. The request is considered medically necessary.

