MAXIMUS Federal Services

Case Number:	CM14-0083497		
Date Assigned:	07/21/2014	Date of Injury:	12/03/2010
Decision Date:	09/12/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/05/2014

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 Medicine, 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 applicant is a represented [redacted], incorporated employee who has filed a claim for chronic mid back pain, shoulder pain, hip pain, and rib pain reportedly associated with an industrial injury of December 3, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of acupuncture over the life of the claim; unspecified amounts of psychotherapy; and a platelet-rich plasma injection. In a Utilization Review Report dated June 4, 2014, the claims administrator partially certified a request for 12 sessions of acupuncture as six sessions of acupuncture, denied a request to a psychologist for biofeedback and cognitive behavioral training, and denied an orthopedic surgery consultation. The claims administrator invoked non-MTUS ODG Guidelines to deny the orthopedic consultation. The claims administrator also stated that the applicant had previously consulted an orthopedist. The applicant's attorney subsequently appealed. While appealing, the applicant's attorney wrote at the bottom of the Utilization Review Report that the applicant had never seen an orthopedist. In a June 10, 2014 progress note, the applicant reported persistent complaints of neck pain, mid back pain, and hand pain. The applicant had reportedly fractured her hand, it was stated. The applicant's medication list included Fioricet, Phenergan, Opana, Benadryl, Excedrin, oral Toradol, and Voltaren gel. It was not stated when the medications were last updated. The applicant was asked to follow up with her primary treating physician and secondary treating physician. It was suggested that the applicant was reaching maximal medical improvement. The applicant wanted to enroll in some sort of functional restoration program. The attending provider suggested that the applicant pursue six additional sessions of psychotherapy following completion of the functional restoration program through Dr. [redacted], who could reportedly perform both biofeedback and cognitive behavioral therapy. The attending provider suggested that the applicant needed individual psychotherapy in order to

improve her pain coping skills as well as her stress and mood management skills. The note was extremely difficult to follow and mingled old complaints and current complaints. The attending provider stated that she was appealing the previously denied six sessions of individual psychotherapy to include biofeedback and individual cognitive behavioral therapy. Celebrex, Opana, and Excedrin were sought. The applicant was asked to consult a shoulder surgeon on the grounds that a previous shoulder surgery consultation had not been completed. On April 26, 2014, the attending provider stated that she was seeking authorization for six additional sessions of acupuncture on the grounds that earlier acupuncture had been successful. The applicant was still, however, asked to continue Celebrex, Opana, Excedrin, and Lexapro, it was stated in one section of the report. In another section of the report, it was stated that the applicant was using Fioricet, Opana, Voltaren, Phenergan, Neurontin, Celebrex, Benadryl, Excedrin, and Toradol. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. In an earlier Independent Medical Review report dated May 7, 2014, it was suggested that the applicant had had at least 10 earlier sessions of psychotherapy over the course of the claim. On October 22, 2013, acupuncture, neurology consultation, psychology consultation, and six sessions of cognitive behavioral therapy were sought, along with a functional restoration program. On November 5, 2013, the attending provider sought authorization for six sessions of psychotherapy and six sessions of individual cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture QTY 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question represents a renewal request for acupuncture. As noted in MTUS guidelines, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The request, as written, then, represents treatment at a rate two to four times MTUS parameters. No rationale for treatment at such a rate, overall amount, quantity was proffered by the attending provider. It is further noted that MTUS guidelines also stipulates that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant has failed to return to work. The applicant continues to remain highly reliant and highly dependent on numerous analgesic and adjuvant medications, including Fioricet, Opana, Voltaren, Phenergan, Toradol, Celebrex, etc., all of which, taken together, suggest a lack of functional improvement as defined in MTUS guidelines despite completion of earlier acupuncture. Therefore, the request is not medically necessary.

Referral to Dr. [redacted] for individual sessions(biofeedback and cognitive behavioral training): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evalutaions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, 398-401.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, pages 398 through 401 do support various psychological treatments, including education, referral, stress management techniques, relaxation techniques, biofeedback, behavioral techniques, cognitive techniques, cognitive therapy, etc., these recommendations are qualified by comments in ACOEM Chapter 15, page 405 to the fact that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the applicant has had extensive psychological treatment over the course of the claim, including at least 10 sessions of earlier cognitive behavioral therapy, it has been posited, in addition to further psychological treatment through a functional restoration program. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement. The applicant remains off of work. The applicant remains highly reliant and highly dependent on numerous analgesic, adjuvant, and psychotropic medications, such as Fioricet, Opana, Toradol, Voltaren, Effexor, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS guidelines, despite earlier psychological treatment. Therefore, the request is not medically necessary.

Orthropedic surgery consultation with Dr. [redacted]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has multifocal orthopedic pain complaints, including about the bilateral shoulders. Obtaining the added expertise of an orthopedic shoulder surgeon to further evaluate the same and/or determine the need for possible surgical intervention is indicated. Therefore, the request is medically necessary.