

Case Number:	CM14-0195961		
Date Assigned:	12/03/2014	Date of Injury:	02/16/2010
Decision Date:	01/29/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/22/2014

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 Rehab 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:

██████████ report of 10/09/2014 reviews this patient's history of injury of 02/16/2010 when the patient lifted up a student from a wheelchair to a changing table and immediately felt a pull in her right wrist. The patient had previously undergone some conservative treatment including physical therapy, acupuncture, TENS, and heat wraps. The treating physician noted the patient had a very complicated condition with multiple orthopedic injuries status post multiple surgeries as well as a chronic pain syndrome. The treating physician recommended treatment including cognitive behavioral therapy evaluation with four sessions and also requested acupuncture treatment. The patient previously underwent extensive psychotherapy. A very detailed psychological summary report of 11/19/2013 recommends that the patient be allowed 1 2 psychotherapy visits per month in order to monitor her status and that the patient be followed by a psychiatrist for psychiatric medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on behavioral intervention, page 23, discuss cognitive behavioral therapy, recommending a total of up to 6-10 visits over 5-6 weeks for patients with delayed recovery. The medical records indicate this patient recently came under the care of a new primary treating physician. It is not clear that that treating physician has had the opportunity to review the patient's extensive past mental health treatment. Considering the past mental health treatment, the current request exceeds the guidelines. The request is not medically necessary.

Acupuncture x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule, Acupuncture Medical Treatment Guidelines, section 24.1, state that acupuncture treatment may be extended if functional improvement is documented as defined in section 92.20. The medical records indicate that this patient has previously received acupuncture treatment; the records do not discuss functional improvement from that treatment. Additionally, I note that a prior physician review notes that four visits of acupuncture were recently certified through the independent medical review process; the records do not discuss functional benefit from that treatment, if it has been certified and the patient has attended. For these multiple reasons, at this time the medical records and guidelines do not support an indication for additional acupuncture. This request is not medically necessary.