

Case Number:	CM15-0162122		
Date Assigned:	09/09/2015	Date of Injury:	04/23/2013
Decision Date:	10/14/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of April 23, 2013. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve requests for acupuncture and a psychiatry referral. The claims administrator referenced a July 9, 2015 progress note in its determination. The claims administrator referenced non-MTUS Chapter 7 ACOEM Guidelines in its determination and mislabeled the same as originating from the MTUS. The claims administrator seemingly denied the request for acupuncture on the grounds that the treating provider was requesting the same as an isolated treatment modality. The claims administrator contended that acupuncture should not be employed as an isolated treatment modality. The applicant's attorney subsequently appealed. On January 22, 2015, the applicant reported ongoing complaints of neck, mid back, low back, and shoulder pain. Manipulative therapy was endorsed. The applicant was using Neurontin and Norco, it was reported on this date. The applicant had comorbidities including diabetes, it was reported. On a medical-legal evaluation dated May 28, 2015, the applicant reported ongoing complaints of neck and low back pain. The medical-legal evaluator suggested that the applicant receive a trial of acupuncture. On August 6, 2015, the attending provider noted that the applicant was currently receiving acupuncture. The applicant's same work status was endorsed. The applicant had a 5-pound lifting limitation in place, it was reported toward the top of the note. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The applicant noted that activities of daily living to include cleaning the house, gardening, sleeping, and riding remained problematic. Additional acupuncture was sought while the applicant's work restrictions were renewed. On July 9, 2015, the applicant was described as

not improved significantly. Acupuncture was endorsed. In one section of the note, the treating provider sought authorization for nine sessions of acupuncture. In another section of the note, the treating provider sought authorization for six sessions of acupuncture. 0-5/10 pain complaints were noted. The applicant reported difficulty performing activities of daily living as basic as vacuuming, cleaning the house, sleeping, showering, and making the bed. Trigger point injections were sought. The attending provider contended that the applicant had issues with anhedonia and loss of happiness. A psychiatry referral for the same was endorsed. In an earlier note dated May 27, 2015, a rather proscriptive 5-pound lifting limitation imposed by a medical-legal evaluator was renewed. Once again, it was not explicitly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 3 weeks for cervical, thoracic, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for nine sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d do acknowledge that acupuncture may be extended if there is evidence of functional improvement as defined in Section 9792.20e, here, however, the same, unchanged rather proscriptive 5-pound lifting limitation was renewed from visit to visit, despite receipt of earlier unspecified amounts of acupuncture. The applicant remained dependent on other forms of medical treatment to include trigger point injection therapy, it was acknowledged on the July 9, 2015 office visit at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier acupuncture. Therefore, the request for additional acupuncture was not medically necessary.

Psychiatrist referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines chapter 7 Independent Medical Examinations and Consultations page 503-524.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Stress-Related Conditions 2004, Section(s): General Approach.

Decision rationale: Conversely, the request for a psychiatrist referral was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose mental health symptoms become disabling and/or persist beyond three months. Here, the applicant did have persistent symptoms of anhedonia, loss of happiness, etc., it was reported on July 9, 2015. The MTUS Guideline in ACOEM Chapter 5, page 92 further notes that a referral may be appropriate when a practitioner is uncomfortable addressing a particular cause of delayed recovery. Here, thus, the requesting provider, a psychiatrist, was likely ill-equipped to address

issues with and/or allegations of depression, anhedonia, loss of interest in otherwise pleasurable activities, etc. Obtaining the added expertise of a practitioner better-equipped to address such issues and allegations, such as a psychiatrist, thus, was indicated. Therefore, the request was medically necessary.