

<b>Case Number:</b>	CM15-0189143		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 60 year old female, who sustained an industrial injury on 6-4-2007. The injured worker is undergoing treatment for pain in joint of shoulder, pain ion joint of hand, carpal tunnel syndrome and ulnar nerve lesion. Medical records dated 9-21-2015 indicate the injured worker complains of right shoulder pain described as aching and radiating to the neck and right arm with tingling rated 7 out of 10 without medication and 2 out of 10 with medication. She reports with medication she can do household chores. She reports poor sleep and nightmares. The treating physician indicates "depressive symptoms, profound loss of pleasure gets upset easily and tends to worry a lot." Physical exam dated 9-21-2015 notes she is not in acute distress, decreased cervical range of motion (ROM), decreased painful right shoulder range of motion (ROM), positive empty cans and shoulder crossover tests, tenderness to palpation, decreased strength and sensitivity of the right upper extremity. Treatment to date has included Terocin patch, Lexapro, Norco, cognitive behavioral therapy (CBT) and acupuncture. The original utilization review dated 9-24-2015 indicates the request for continue cognitive behavioral therapy (CBT) 1 X6 and continue acupuncture 1X 4 for the right shoulder-hand is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued cognitive behavioral therapy 1 time a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter under Cognitive Behavioral Therapy.

**Decision rationale:** Based on the 9/21/15 progress report provided by the treating physician, this patient presents with right shoulder pain radiating to the neck, right arm/elbow with numbness/tingling of right ring finger and thumb, rated 8/10 on VAS scale. The treater has asked for Continued cognitive behavioral therapy 1 time a week for 6 weeks on 9/21/15. The patient's diagnoses per request for authorization dated 9/21/15 are pain in joint shoulder, and chronic pain syndrome. The patient states that medications are helping, and that Norco has allowed her to do activities of daily living such as vacuuming per 9/21/15 report. The patient has a surgical history of right carpal tunnel release from 2009 per 8/24/15 report. The patient is s/p unspecified quantity of acupuncture sessions, steroid injections to shoulder with unspecified benefit per 9/21/15 report. The patient's work status is temporarily totally disabled per 8/24/15 report. MTUS Guidelines, Behavioral Intervention section, page 23 states: Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Guidelines, Mental Illness & Stress Chapter under Cognitive Behavioral Therapy (CBT) Section states, Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. (Crits-Christoph, 2001) ODG Psychotherapy Guidelines:-Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. Treater does not discuss the request. The patient is currently attending CBT sessions per requesting 9/21/15 report and it is noted "patient would like to continue CBT sessions as [recommended] in [REDACTED] 2/20/15 report." However, [REDACTED] 2/20/15 report, as well as documentation of the efficacy or progress from prior therapy sessions are not included review of reports. Utilization review letter dated 9/24/15 denies request and states the patient has been authorized for 18 cognitive behavior therapy sessions from 4/25/14 to 11/20/14. Given the patient's diagnosis of depression/anxiety, sessions of Cognitive Behavioral Therapy would be indicated. However, the patient had 18 sessions of CB with unknown benefit, since the progress of prior CBT sessions is not documented. ODG recommends up to 20 visits over 7-20 weeks if progress is being made. In this case, the requested additional 6 sessions of CBT are not in accordance with ODG guidelines. Therefore, the request is not medically necessary.

**Continued acupuncture sessions 1 time a week for 4 weeks for the right shoulder/hand:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Based on the 9/21/15 progress report provided by the treating physician, this patient presents with right shoulder pain radiating to the neck, right arm/elbow with numbness/tingling of right ring finger and thumb, rated 8/10 on VAS scale. The treater has asked for Continued acupuncture sessions 1 time a week for 4 weeks for the right shoulder/hand on 9/21/15. The patient's diagnoses per request for authorization dated 9/21/15 are pain in joint shoulder, and chronic pain syndrome. The patient states that medications are helping, and that Norco has allowed her to do activities of daily living such as vacuuming per 9/21/15 report. The patient has a surgical history of right carpal tunnel release from 2009 per 8/24/15 report. The patient is s/p unspecified quantity of acupuncture sessions, steroid injections to shoulder with unspecified benefit per 9/21/15 report. The patient's work status is temporarily totally disabled per 8/24/15 report. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments; (ii) Frequency: 1 to 3 times per week; (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. However, the requesting 9/21/15 report notes: "patient states she would like to continue acupuncture sessions." Review of reports show no documentation of prior acupuncture treatment history to determine quantity or benefit of prior sessions. In this case, the patient continues with neck pain and right arm/elbow pain. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably considered as a medical necessity. The requested 8 sessions of acupuncture for the shoulder/hand is not medically necessary.