

Case Number:	CM15-0200943		
Date Assigned:	10/16/2015	Date of Injury:	03/10/2011
Decision Date:	11/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 52 year old female, who sustained an industrial injury on 3-10-2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis without myelopathy, depression due to general medical condition, rotator cuff tear, and occipital neuralgia. On 9-22-2015, the injured worker reported pain in the neck, lower back, and mid back, rating her worse pain as 5 out of 10, and average pain as 5 out of 10. The Primary Treating Physician's report dated 9-22-2015, noted the injured worker continued independent exercises at home and uses her TENS with chronic intractable pain. The physical examination was noted to show the injured worker with normal affect and mood and alert and oriented, with cervical spine range of motion (ROM) reduced with tenderness present in the cervical paravertebral regions bilaterally, marked tenderness of the right greater and lesser occipital nerves at the C3-C4 and C4-C5 levels. Prior treatments have included right knee surgery, physical therapy, shoulder surgery, right elbow cortisone injection with 70% relief, and medications including Ibuprofen, Omeprazole, Tramadol, Theramine, Voltaren gel, Venlafaxine ER, Gabapentin, and Hydrocodone. The treatment plan was noted to include a urine drug screen (UDS), request for acupuncture, and request for psychological evaluation so that the injured worker may learn some coping skills, relaxation techniques, and meditation techniques to control her pain, and prescribed medications of Gabapentin and Hydrocodone-Acetaminophen. A urine drug screen (UDS) on 9-22-2015 was noted to be consistent. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization was noted to have requested a psychological evaluation, psychological counseling 10 sessions, and acupuncture 12

sessions. The Utilization Review (UR) dated 10-9-2015, certified the request for a psychological evaluation, and modified the requests for psychological counseling 10 sessions to certify 3 psychological counseling sessions and acupuncture 12 sessions to certify 6 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological counseling 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations, Psychological treatment, Weaning of Medications.

Decision rationale: The MTUS Guidelines strongly recommend the identification and management of coping skills, describing these elements as often being more important to the treatment of pain than the ongoing medications used. When there is documented evidence of functional improvement, psychotherapy sessions should be continued. The submitted and reviewed documentation indicated the worker was experiencing pain throughout the back and arm. These records did not describe psychological symptoms, detail a problem with coping skills, suggest a reason the requested number of sessions were need, or report special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ten sessions of psychological counseling is not medically necessary.

Acupuncture 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing pain throughout the back and arm. There was no discussion suggesting a significant issue with pain medication, indicating the worker would have rehabilitation together with this therapy, specifying the goals of this treatment, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for twelve acupuncture sessions is not medically necessary.

