

Case Number:	CM15-0202453		
Date Assigned:	10/19/2015	Date of Injury:	05/14/2003
Decision Date:	11/30/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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: Connecticut, California, Virginia
 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 injured worker is a 54 year old female, who sustained an industrial injury on May 14, 2003. She reported headache and neck pain. The injured worker was currently diagnosed as having degenerative disc disease C4-5 and C5-6, spondylosis C3-4 and C4-5, severe recurrent left ulnar neuropathy, right wrist mild to moderate carpal tunnel syndrome, status post shoulder surgery 2004 and 2006, status post right shoulder surgery 2005 and 2007, status post bilateral elbow surgery, status post left ulnar transposition surgery 04-12-13 and status post right first dorsal compartment release October 2013. Treatment to date has included diagnostic studies, surgery, post-operative physical therapy to the left elbow without benefit, H-wave without benefit, home exercises and medications. On August 26, 2015, the injured worker complained of ongoing difficulty with spasms and pain in her neck, shoulders and low back as well as burning in the hips, knees and calves. She also reported numbness and tingling in the elbows down to the fingers. She rated her pain as an 8 on a 1-10 pain scale without medication and a 5 on the pain scale with medications. Her medications were noted to improve her ability to tolerate activity. With her medications, she is able to walk, sit, stand and sustain activity for longer periods of time. Without her medications, she is not able to participate in her therapeutic exercises and it takes significantly longer to perform even small household tasks. The treatment plan included a refill of her medications, twelve sessions of acupuncture, twelve sessions of cognitive behavioral therapy and a follow-up visit. On September 21, 2015, utilization review denied a request for twelve acupuncture sessions and twelve sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: CA MTUS states that section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The section states that time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months, with the option to extend acupuncture treatments if functional improvement is documented. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Based on the provided records and the guidelines, 12 sessions of acupuncture is not appropriate without further evidence of functional improvement after a few sessions. Therefore, the request for treatment at a frequency of 12 visits with acupuncture is not medically necessary.

Cognitive Behavioral Therapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: The MTUS recommends use of behavioral intervention in chronic pain. 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. In the case of CBT, the patient should be screened for risk factors for delayed recovery, including fear avoidance beliefs. An initial trial of 3-4 psychotherapy visits over 2 weeks is appropriate, and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be appropriate. However, in this case, a total of 12 visits without further evaluation for functional improvement prior to completion of treatment is not medically necessary.