

Case Number:	CM15-0023366		
Date Assigned:	02/12/2015	Date of Injury:	08/31/2010
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/07/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 59 year old male, who sustained an industrial injury on 8/31/2010. The diagnoses have included history of right facial fracture, posttraumatic stress disorder, and depression secondary to chronic pain and sleep issues. Magnetic resonance imaging (MRI) of the brain (2011) is described as negative except low lying cerebellar tonsils, and electroencephalogram (EEG) studies (undated) were negative. Treatment to date has included medication. Currently, the IW complains of pain towards the right side of his head and face and dizziness, numbness and tingling into his hands bilaterally. He reports that medications decrease his pain by about 50% and improve his function and quality of life. He reports difficulty sleeping due to the noises in his head. Objective findings included difficulty with cervical extension. On 1/16/2015, Utilization Review modified a request for 6 trial sessions of acupuncture and 1 psychiatric evaluation with ENT studies noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM Guidelines and ODG were cited. On 2/07/2015, the injured worker submitted an application for IMR for review of 6 trial sessions of acupuncture, and psychiatric evaluation with ENT studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 trial sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Neck and upper back, acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, "Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery." and additionally specifies the initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" The treating physician requests 6 trial sessions of acupuncture. The guidelines that the initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks". Thus, the request for an initial trial of 6 visits is in excess of guidelines. As such, the request for 6 trial sessions of acupuncture is not medically necessary.

1 psychiatric evaluation and ENT studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program Page(s): 30-34. Decision based on Non-MTUS Citation Pain, Chronic Pain Programs, Psychologic Evaluation

Decision rationale: MTUS does not directly address referral for a psychiatric evaluation but discusses a multi-disciplinary approach to pain. MTU states, "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been

addressed." ODG states concerning psychological evaluation "Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." The treating physician has not provided details of chronic pain treatment trials and failures, specific goals of those treatments and the goal of the psychiatric evaluation. In addition, the treating physician refers to an AME report authored by [REDACTED] in which [REDACTED] recommends ENT studies. However, the treating physician does not document any conditions of the ear, nose or throat which would require ENT studies. As such, the request for 1 psychiatric evaluation and ENT studies is not medically necessary.