MAXIMUS Federal Services

Case Number:	CM15-0028796		
Date Assigned:	02/20/2015	Date of Injury:	05/31/2013
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/17/2015

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 57 year old female, who sustained an industrial injury on 5/31/13. She has reported pain in the neck, right shoulder and right hand related to repetitive use. The diagnoses have included cervical degenerative disc disease, lumbar degenerative disc disease and right shoulder tendinitis. Treatment to date has included MRI, lumbar epidural injection, sleep studies and oral medications. As of the PR2 dated 12/30/14, the injured worker reports 10/10 pain in the neck and back. She also reports continued weakness in her right upper extremity. The treating physician requested psychotherapy x 3 visits and acupuncture 2-3x 6weeks for low back. On 1/14/15 Utilization Review non-certified a request for psychotherapy x 3 visits and acupuncture 2-3x 6weeks for low back. The utilization review physician cited the MTUS guidelines. On 2/17/15, the injured worker submitted an application for IMR for review of psychotherapy x 3 visits and acupuncture 2-3x 6weeks for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Pages 101-102.

Decision rationale: The patient continues to treat extensively for pain complaints without report of new injury or acute flare-ups. Clinical findings remained unchanged and previous treatment has not resulted in any correlated functional improvement in terms of increase in ADLs, objective vocational improvement, decrease in medication usage and dosages, or decrease in medical utilization for this chronic injury. Submitted reports have not described why psychological sessions are needed or identified what specific goals are to be obtained from the psychotherapy treatment to meet guidelines criteria to continue treatment. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the Psychotherapy. The Psychotherapy x3 is not medically necessary and appropriate.

Additional Acupuncture 2-3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Additional Acupuncture 2-3 x 6 is not medically necessary and appropriate. is not medically necessary and appropriate.