

<b>Case Number:</b>	CM15-0029725		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial injury on April 8, 2013. He has reported injury to multiple body parts. The diagnoses have included intervertebral cervical disc disorder with myelopathy, cervical region, carpal tunnel syndrome, rotator cuff syndrome of the shoulder and allied disorder, bicipital tenosynovitis and issue of repeat prescriptions. Treatment to date has included surgery, physical therapy, psychological assessment, bilateral shoulder injections and medications. On November 11, 2014, the injured worker complained of some discomfort in the cervical spine and pain around his right shoulder. He also had continued numbness into his left hand and some paresthesias in his right anterior/lateral thigh. He rated his pain as a 6 on a 1-10 pain scale. He reported to be stable related to his condition, although slowly progressing. His shoulder pain symptoms have been slightly aggravated due to being out of physical therapy. On February 16, 2015, Utilization Review modified a request for acupuncture 1-2 visits a month for 12 months cervical to acupuncture 6 sessions over 6 weeks cervical, noting the CA MTUS Guidelines. Utilization Review denied the request for cognitive behavioral therapy x6, noting the CA MTUS Guidelines. On February 18, 2015, the injured worker submitted an application for Independent Medical Review for review of acupuncture 1-2 visits a month for 12 months cervical and cognitive behavioral therapy x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1-2 Visits a month for 12 months Cervical: Upheld**

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

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

**Decision rationale:** The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, his provider requested acupuncture each month for 12 months, without a short trial. Up to 6 or so initial sessions of acupuncture would be more appropriate with close monitoring for functional gains to support any additional sessions. Since the request was for 12-24 sessions over the entire year, this request will not be considered medically necessary, considering the Guidelines and documentation provided for review.

**Cognitive Behavioral Therapy x6: 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 Behavioral interventions p. 23 AND Psychological evaluations pp. 100-102.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend behavioral interventions such as cognitive behavioral therapy (CBT) for those with chronic pain as it reinforces coping skills and reduces physical dependence on medication and physical therapy. Initially, this therapy should be in the form of physical medicine for exercise instruction using a cognitive motivational approach, but psychotherapy CBT referral after 4 weeks with lack of progress from medication and physical medicine alone is recommended (initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks with evidence of functional improvement). The MTUS also states that psychological evaluations are recommended for widespread use in chronic pain populations, but should determine if further psychosocial interventions are indicated. If psychological treatment is appropriate, based on the evaluation, psychological interventions such as behavioral therapy and self-regulatory treatments may be helpful. The MTUS also suggests that the primary treating physician screen for patients that might benefit from psychological intervention and referral, including those who continue to experience pain and disability after the usual time of recovery and if psychological care with other treatment methods are still not sufficient to reduce pain and increase function, then more intensive care from mental health professionals may be recommended. In the case of this worker, there was

some evidence to suggest cognitive behavioral therapy was already initiated and this was a request for additional cognitive behavioral therapy. There was no additional information about these sessions (number completed, reason, effectiveness, etc.) provided in the documents available for review to be able to allow for an extension. Without clear evidence of benefit with prior sessions, the 6 sessions of cognitive behavioral therapy will be considered medically unnecessary.