MAXIMUS Federal Services

Case Number:	CM15-0032093		
Date Assigned:	02/25/2015	Date of Injury:	08/06/2012
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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: Arizona, California
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 54 year old female with an industrial injury dated 08/06/2012. While she was working as a registered nurse, she was turning a patient when the patient turned away from her. She noted sharp pain in the neck, back and lower back. She presented on 01/13/2015 with complaints of pain in back and lower extremities. Physical exam revealed pain with extension of cervical spine. Lumbar flexion and extension also caused pain. The provider recommended bio behavioral pain treatment and another 12 sessions of acupuncture. Prior treatments include trigger point injections, medications, transforaminal epidural injection, chiropractic treatments, aqua therapy and physical therapy. Diagnosis is lumbar radiculopathy piriformis syndrome and chronic pain syndrome. On 01/20/2015 the request for bio-behavioral therapy times 12, cervical lumbar was non-certified by utilization review. MTUS was cited. The request for acupuncture times 12 cervical lumbar was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Bio behavioral therapy for the cervical lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment Page(s): 101.

Decision rationale: According to the guidelines, psychotherapy is 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). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Based on the claimant's extensive pain and failure to improve with numerous other conservative measures, the request for 12 sessions of behavioral therapy is appropriate and medically necessary.

12 sessions of acupuncture for the cervical lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, 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. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant received an unknown amount of acupuncture treatment. In addition the treatment notes and response were not provided. The request for 12 additional sessions is not substantiated and therefore not medically necessary.