MAXIMUS Federal Services

Case Number:	CM15-0042093		
Date Assigned:	03/12/2015	Date of Injury:	03/23/2000
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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: Florida
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 51 year old male, who sustained an industrial injury on March 23, 2000. He reported a motor vehicle accident, sustaining several injuries. The injured worker was diagnosed as having cervical radiculopathy, neuralgia/neuritis, lumbar disc herniation, failed back syndrome, and cervical spine sponsylosis. Treatment to date has included 2 neck surgeries, 1 back surgery, medications, home exercise program, dental specialist evaluation. On December 16, 2014, he was seen for neck pain with radiation into the upper extremities, and low back pain with radiation into the lower extremities. He reports getting headaches from the neck pain, and has had TMJ (temporomandibular joint) issues. He rates his pain is always around 7/10, and at present is 9/10 on a pain scale. The request is for acupuncture one time weekly for twelve weeks, and cognitive behavioral therapy #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-11.

Decision rationale: In accordance with California MTUS Acupuncture guidelines "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)." Section 9792.20 e and f are defined as follows, " (e) 'Evidence-based' means based, at a minimum, on a systematic review of literature published in medical journals included in MEDLINE." "(f) '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, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This patient has previously had 2 acupuncture treatments. It is documented that pain relief only lasted 2 hours. Guidelines note that time to functional improvement is between 3-6 treatments, which this patient has not yet had. This patient's physician has requested an additional 12 sessions at a frequency of one time per week for 3 months. This exceeds the guideline recommendation. Optimum duration is listed as 1-2 months. Likewise, this request is not considered medically necessary.

12 cognitive behavioral therapy treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23-25.

Decision rationale: The California MTUS guidelines reference the ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain. These guidelines state the following, Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ.) Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions.) This request is for 12 CBT sessions, which is not supported by the guideline. Again, an initial trial of 3-4 visits over 2 weeks is recommended. This request is therefore not medically necessary.