

Case Number:	CM15-0046271		
Date Assigned:	03/18/2015	Date of Injury:	06/18/2007
Decision Date:	04/23/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old who has filed a claim for chronic posttraumatic headaches, posttraumatic stress disorder, major depressive disorder, facial pain, and temporomandibular joint disorder (TMJ) reportedly associated with an industrial assault injury of June 18, 2007. In a Utilization Review Report dated February 9, 2015, the claims administrator failed to approve a request for psychotherapy and acupuncture. The attending provider did not document how much prior psychotherapy had transpired to date and also suggested that earlier acupuncture had not proven effectual. The applicant and/or applicant's attorney subsequently appealed. In a handwritten letter dated March 9, 2015, the applicant noted that various mental health issues were present, including posttraumatic stress disorder, pain disorder with psychological factors, and dysthymia. The applicant apparently alluded to various medical-legal evaluations setting forth situations for medical care. The applicant stated that previously performed acupuncture had generated improvement in terms of activities of daily living. The applicant did not however, state whether he was or was not working. In a February 6, 2015 permanent and stationary report, the attending provider stated that the applicant had various medical and mental health issues which made it difficult for him to interact with others. The applicant reported anxiety associated with interpersonal interactions. The treating provider stated that the applicant could not return to work owing to his various mental health issues and/or associated inability to contemplate. The attending provider posited that earlier acupuncture had proven beneficial in terms of attenuating the applicant's pain complaints. The note was handwritten and at times difficult to follow. The attending provider stated that indefinite

acupuncture treatments were needed to keep the applicant's medical and mental issues at bay. On October 27, 2014, the applicant's psychologist stated that the applicant needed twice monthly acupuncture and/or psychological treatments to avoid regressing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy twice per month for 45 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400; 405.

Decision rationale: No, the request for psychotherapy twice a month was not medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 400 does acknowledge that cognitive therapy/psychotherapy can be problem focused with strategies intended to alter an applicant's perception of stress, and/or emotion focus, with strategies intended to alter an applicant's response to stress, this recommendation is, however, qualified by commentary made in ACOEM Chapter 15, page 405 to the effect that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. Here, the applicant had by all accounts, failed to improve. The applicant was off of work owing to various mental health issues, including anxiety, claustrophobia, difficulty concentrating, and difficulty interacting with co-workers. The applicant apparently developed panic attacks when exposed to other individuals for lengthy or protracted amounts of time, the applicant's treating provider acknowledged. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of psychotherapy over the course of the claim. Therefore, the request for additional psychotherapy was not medically necessary.

Acupuncture treatment twice per month for 45 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for additional acupuncture treatment was likewise not medically necessary, medically appropriate, or indicated here. As the applicant, treating provider, and claims administrator have all acknowledged, the request in question does represent a renewal or extension of the acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledges that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, here, however, the applicant was off of work as of the date of the request. Permanent limitations precluding the applicant from returning to the workplace were imposed by the applicant's primary treating provider,

suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.