

Case Number:	CM15-0232741		
Date Assigned:	12/08/2015	Date of Injury:	10/10/2011
Decision Date:	01/26/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	11/29/2015

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: North Carolina, Georgia
 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 46 year old male, who sustained an industrial injury on 10-10-11. Medical records indicate that the injured worker is undergoing treatment for cervical degenerative disc disease with radiculopathy, displacement of cervical intervertebral disc without myelopathy, cervicogenic headaches, chronic pain syndrome, post-traumatic stress disorder, psychological disorder, psychalgia, insomnia and depression. The injured worker is currently working full time. On (11-5-15) the injured worker complained of significant neck, mid-back, shoulder girdle and upper extremity pain, as well as headaches, insomnia and post-traumatic stress disorder episodes. Psychological examination noted that the injured worker was alert, oriented and anxious. Cervical spine examination revealed tenderness to palpation in the paraspinal muscles overlying the facet joints on both sides and trigger points in the upper trapezius muscles on both sides. The injured worker was working and was noted to be managing well, but noted stress, anxiety and headaches. Treatment and evaluation to date has included medications, cervical MRI, electrodiagnostic studies, psychiatric assessments, acupuncture treatments (4) and activity modification. A progress note dated 7-17-14 notes that the injured worker had completed 4 acupuncture treatments with relief. Current medications include clonazepam, Flector transdermal patch, lithium aspartate, and melatonin, Provigil, Robaxin and Wellbutrin. The current treatment requests are for acupuncture 1 time a week times 6-12 weeks and a psychology referral 1 time a week times 8-12 weeks. The Utilization Review documentation dated 11-18-15 modified the requests to acupuncture 6 visits (original request 1

time a week times 6-12 weeks) and psychology referral 4 visits (original request 1 time a week times 8-12 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology referral 1 time a week times 8-12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment.

Decision rationale: CA MTUS and ODG both recommend psychological treatment with a focus on identification and reinforcement of coping skills, which is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). Screen for patients with risk factors for delayed recovery risk. Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone with initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, treatment may consist of up to 6-10 visits over 5-6 weeks (individual sessions). With severe psych comorbidities (e.g., severe cases of depression and PTSD) follow the ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. In this case, psychological treatment is indicated but the requested 8-12 sessions exceed the guideline recommendations for initial therapy. The original UR decision modified request to approve 4 visits. The request for 8-12 sessions for psychological treatment is not medically necessary.

Acupuncture 1 time a week times 6-12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter page 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: CA MTUS guidelines state that 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. The 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. Acupuncture treatments may be extended if functional improvement is documented. In this case, there is no documentation of intolerance to pain medication or of other physical rehabilitation interventions. The request for 6-12 weeks of acupuncture exceeds the guideline for initial treatment. 6-12 sessions of acupuncture are not medically necessary.