

Case Number:	CM14-0142983		
Date Assigned:	09/10/2014	Date of Injury:	10/26/2009
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45-year-old female patient had a date of injury on 10/26/2009. In a progress noted dated 7/29/2014, subjective findings included mid back and leg pain. The location of the pain is at head, neck, shoulders, thoracic spine, lower back, right arms, legs, and gluteus. Exam findings included palpable twitch positive trigger points noted in the muscles of head and neck. There is pain noted when neck is flexed anteriorly. Palpation of lumbar facet reveals right-sided pain at L3-S1. The diagnostic impression shows lumbar disc disease and radiculopathy, cervical disc disease, mixed type headaches. Treatment to date: medication therapy, behavioral modification, epidural injections, TENS unit, physical therapy. A UR decision dated 8/7/2014 denied the request for Cognitive behavioral therapy x12, stating guidelines recommend an initial trial of 3-4 psychotherapy visits with further visits based on objective functional improvement resulting from the trial. The request was modified to 5 sessions. Acupuncture x18 (body parts & frequency unspecified) was denied, stating guidelines recommend a trial of 3-6 acupuncture visits for certain pain conditions with limited number of additional visits based on objective functional improvement. The request was modified to 6 sessions. The request for Burtons patch 20mcg #10 was denied, stating that there was no documentation of functional improvement from this medication. A 1/24/14 report stated Butrans 10mcg/hr was used with no authorization that the dose was escalated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. The UR decision modified the request to 5 sessions. In a progress report dated 7/29/2014, this patient is noted to have a complicated medical history, having tried conservative treatments such as medications. Furthermore, the patient is documented to have had epidural steroid injections and physical therapy, but the pain continues to be a 9/10 subjectively in the 7/29/2014 progress report. No rationale was provided, however, regarding why this patient requires 12 psychotherapy sessions, when guidelines recommend an initial trial of 4 psychotherapy visits to assess for evidence of functional improvement. Therefore, the request for cognitive behavioral therapy x12 sessions is not medically necessary.

Acupuncture for 18 sessions (body parts & frequency unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg. 114

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. In a progress note dated 7/29/2014, it was noted that acupuncture was being prescribed to increase function and to manage the pain in order to allow for mobilization and strengthening. However, guidelines support an initial trail of 3-6 treatments, and no rationale was provided to justify 18 initial sessions. Per the UR determination, an initial

trial of 6 treatments would be more appropriate to assess functional improvements. Furthermore, the body part as well as frequency for treatment was not specified in this request. Therefore, the request for Acupuncture x18 (body parts and frequency unspecified) is not medically necessary.

Butrans Patch 20 mcg #10: 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 Page(s): 26-27.

Decision rationale: CA MTUS states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. In the reports viewed, this patient has been on Butrans patch since at least 4/25/2014, and in a progress report dated 7/29/2014, there was no documented functional improvement noted with the opioid regimen. The pain continues to remain at 9/10, and the Urine Drug Screening performed on 7/29/2014 was not provided in the reports viewed. Furthermore, there was no discussion of this patient have a history of drug use/misuse. Therefore, the request for Butrans patch 20mcg #10 was not medically necessary.