

Case Number:	CM14-0210763		
Date Assigned:	12/23/2014	Date of Injury:	07/28/1986
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 52 year old female with an injury date of 07/28/86. Based on the 02/04/14 progress report, the obese patient has asthma, has been coughing, and is "not feeling very good." She has headaches, vertigo, carpal tunnel, shoulder pain, neck pain, and back pain. The 03/10/14 report indicates that the patient has carpal tunnel syndrome, asthma, GERD, and obesity. No further exam findings were provided. The 03/24/14 report states that the patient has a decrease in energy and unexpected weight changes. As of 03/24/14, the patient is taking Dexlansoprazole, Metformin, Loratadine, Ammonium Lactate, Hydrochlorothiazide, and Mometasone-formoterol. The patient's diagnoses include the following: 1.Asthma 2.GERD 3.Obesity The utilization review determination being challenged is dated 11/24/14. Treatment reports are provided from 01/21/14-03/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13 OF 127.

Decision rationale: The patient presents with asthma, GERD, and obesity. The request is for 10 sessions of Acupuncture. The report with the request was not provided nor is there any discussion provided regarding this request. Review of the reports provided does not indicate if the patient has had any prior physical therapy. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, there is no indication that the patient has had any prior acupuncture sessions. It may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement, as required by MTUS Guidelines. However, the treating physician is requesting for a total of 10 sessions of acupuncture which exceeds what the guidelines recommend for an initial trial. The requested 10 sessions of acupuncture is not medically necessary.

10 sessions of pain management group therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

Decision rationale: The patient presents with asthma, GERD, and obesity. The patient has widespread pain as well including headaches. The request is for 10 sessions of pain management group therapy. The report with the request was not provided nor is there any discussion provided regarding this request. MTUS does not specifically address pain management group therapy but does support functional restoration program. MTUS requires; "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." The patient has headaches, vertigo, carpal tunnel, shoulder pain, neck pain, and back pain. As of 03/24/14, the patient is taking Dexamprazole, Metformin, Loratadine, Ammonium Lactate, Hydrochlorothiazide, and Mometasone-formoterol. In this case, the patient does suffer from chronic pain and group therapy very well may be indicated and can be helpful with some support from the guidelines. However, the treater does not discuss the request; there is no discussion regarding functional deficits and what the goals are; how motivated the patient is to

improve, etc. Therefore, the requested 10 sessions of pain management group therapy is not medically necessary.