MAXIMUS Federal Services

Case Number:	CM14-0217974		
Date Assigned:	01/07/2015	Date of Injury:	07/18/2013
Decision Date:	03/06/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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: Internal 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:

This 44 year old male sustained work related industrial injuries on July 18, 2013. According to provider report dated October 24, 2014, the mechanism of injury involved the development of anxiety and depression over time following a motorcycle accident February 21, 2013. The injured worker's current primary complaints include anxiety, depression, and headache. Treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, consultations and periodic follow up visits. Per treating provider report dated December 4, 2014, physical exam revealed an anxious, depressed and abnormal affect. Neck exam revealed tenderness on palpitation and tenderness in pain with motion. The provider assessment noted major depression and chronic pain with recommendation for counseling. Documentation also noted chronic cephalgia, bilateral upper extremity injuries, neck and back pain with recommendation for acupuncture. The injured worker's diagnoses included headache, head injury, lumbar sprain, injury of tendon of the rotator cuff of shoulder, neck sprain and anxiety disorder. Per most recent treating provider report dated December 19, 2014, the injured worker was found to be hypothyroid and started on thyroid medication. Documentation noted no overall change in head pressure or double vison. As of December 18, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed services for acupuncture 2x3 sessions and psychotherapy referral now under review.On December 11, 2014, the Utilization Review (UR) evaluated the prescription for acupuncture 2x3 sessions and psychotherapy referral requested on December 8, 2014. Upon review of the clinical information, UR modified the request to 4 session of acupuncture, noting that the 6 sessions exceed the recommendations of the

MTUS Guidelines. UR modified psychotherapy referral to a consultation with a psychologist for cognitive behavior therapy based on the clinical information submitted and the recommendations of the MTUS Guidelines. These UR decisions were subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines indicates that acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Medical records document a history of neck pain, back pain, cervical degenerative disc disease, lumbar sprain and strain, depression, anxiety, head trauma, memory and cognitive complaints. Treatments have included chiropractic and physical therapy. The patient is status post triceps tendon repair surgery. The patient has been prescribed Buspirone. The primary treating physician's progress report dated November 10, 2014 documented a history of chronic low back pain, anxiety disorder, depression, head injury, headaches, shoulder rotator cuff injury, lumbar sprain, and neck sprain. Acupuncture two times a week for three weeks (6) sessions was requested. The request for 6 acupuncture treatments is supported by MTUS Acupuncture Medical Treatment Guidelines. Therefore, the request for acupuncture 2x3 sessions is medically necessary.

Psychotherapy Referral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page 23. Psychological evaluations Pages 100-102.. Decision based on Non-MTUS Citation Mental Illness & Stress

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment and behavioral interventions. Psychological evaluations are recommended. Psychological evaluations are

generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Official Disability Guidelines (ODG) state that cognitive behavioral therapy (CBT) for depression is recommended. An initial trial of 6 visits over 6 weeks are ODG guidelines. Cognitive behavioral therapy for panic disorder is recommended. The overwhelmingly effective psychotherapy treatment for panic disorder is cognitive behavioral therapy (CBT). CBT produced rapid reduction in panic symptoms. Typically, CBT is provided over 12-14 sessions, conducted on a weekly basis. Medical records document a history of neck pain, back pain, cervical degenerative disc disease, lumbar sprain and strain, depression, anxiety, head trauma, memory and cognitive complaints. Treatments have included chiropractic and physical therapy. The patient is status post triceps tendon repair surgery. The patient has been prescribed Buspirone. The primary treating physician's progress report dated November 10, 2014 documented a history of low back pain, anxiety disorder, depression, head injury, headaches, shoulder rotator cuff injury, lumbar sprain, and neck sprain. Behavioral psychotherapy referral was requested. The number of visits was not specified. Official Disability Guidelines (ODG) limits an initial trial of cognitive behavioral therapy (CBT) to 6 visits over 6 weeks. Behavioral psychotherapy, without limitations on the number of visits, is not supported by ODG guidelines. Therefore, the request for psychotherapy referral is not medically necessary.