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| Case Number: | CM15-0010385 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 09/08/2012 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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: New York

Certification(s)/Specialty: Emergency 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 is a 44 year-old male who is described as having head trauma, a right arm injury, and mental illness after an altercation on September 8, 2012. The diagnoses have included major depressive disorder, post-traumatic stress disorder, head trauma, post-concussion syndrome, multifocal orthopedic pain, and right arm bite wound. Treatment to date has included chiropractic, possibly acupuncture, psychotherapy, psychiatric care, medications. Psychotherapy has continued since 2012. The injured worker has been treated by various specialists, including neurologists, psychologists, and psychiatrists. The primary treating physician generally lists temporarily totally disabled work status. The orthopedic AME on 4/2/14 stated that the forearm bite wound had healed, was resolved, and had no permanent sequelae. Per the psychiatric AME on 8/25/14, the injured worker was working at his own business, at least intermittently. There were ongoing psychiatric problems. Significant improvement from the treatment to date was not described. The diagnoses were head injury, cervical strain, PTSD, depression, resolved bite wound, and possible mild cognitive disorder. He recommended temporarily totally disabled work status, psychotherapy for at least 6 months, and psychiatric care. The primary treating physician prescribed 12 visits of acupuncture on 11/4/14, which were non-certified in Utilization Review. No subsequent reports describe any results of acupuncture. Per the primary treating physician report of 12/5/14, the injured worker was not working due to sewage in the shop, has increased stress, has various cognitive and psychological symptoms, and has pain of 3/10. There was no recent history of pain or a physical examination of any painful areas. The physician did not provide any history or physical findings for the presumed right forearm scar. The treatment plan

included a psychiatric evaluation and treatment, additional acupuncture for continued pain [unspecified body areas], plastic surgeon consultation to determine the need for forearm scar revision [per the patient request], and continued psychotherapy for 6 months. There was no work status. The injured worker stated that he had been seeing the psychologist twice a week. On 12/10/14 the primary treating physician (psychiatry and neurology specialist) requested the items now under Independent Medical Review. Periodic reports from the treating psychologist show treatment twice a week. Work status was consistently TTD. There were various psychosocial stressors, including a chaotic home life. Symptoms remain moderately severe, and during December 2014 there was no evidence of improvement; the injured worker was possibly worse. The sewage leak was stated to be at home, not work. Currently, the injured worker complains of an inability to work due to problems with sewage backflow into the shop. The stress from this event aggravated his underlying emotional distress. He complains of headaches and memory loss, difficulty sleeping and depression. He reports his pain a 3 on a 10-point scale. The injured worker reports concern of a scar from his industrial trauma. On December 15, 2014, Utilization Review non-certified a request for additional neck and bilateral upper extremities acupuncture and psychotherapy, and certified a psychiatric re-evaluation and consultation with a plastic surgeon. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Neck and Bilateral Upper Extremities Acupuncture 2X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. It is not clear that any acupuncture has been performed to date. The treating physician has referred to additional acupuncture, which implies a prior course of acupuncture. An initial course of acupuncture is 3-6 visits per the MTUS. If the current prescription is for an initial course, the prescription is for 12 visits, which exceeds the quantity recommended in the MTUS. If there was a prior course of acupuncture, medical necessity for any further acupuncture is considered in light of functional improvement. After completion of any prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living, a reduction in work restrictions, or decreasing dependency on medical treatment. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. An initial course of acupuncture is not medically necessary based on a prescription which exceeds the quantity recommended in the MTUS, and lack of specific indications per the MTUS. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS.

Psychotherapy X50, 2 Times per Week for 6 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Page 101, Psychological treatment. Page(s): 8-9,23, 101. Decision based on Non-MTUS Citation Mental Illness and Stress chapter, PTSD and depression treatment (various modalities listed).

Decision rationale: The MTUS provides specific recommendations for psychotherapy in cases of chronic pain. The MTUS recommends psychological evaluations for chronic pain. The MTUS does not provide specific recommendations for treatment of psychological disorders such as depression and PTSD. The Official Disability Guidelines provide specific recommendations for treatment of depression and PTSD. Multiple modalities are listed, and for the most protracted cases, up to 50 visits may be considered when progress is being made. In this case, the injured worker has attended psychotherapy sessions for years, not months, and likely has attended far more than 50 sessions since 2012. The psychiatric AME did not provide any evidence base for his recommendations, did not comment on the specific content and results of psychotherapy completed to date, and recommended another 6 months of unspecified therapy. Assuming those recommendations have any validity, there is no evidence now that treatment has resulted in any improvement, even after years of treatment. The psychologist continues to state that the injured worker is temporarily totally disabled, which implies very poor function. Symptoms are ongoing and severe. There is no evidence of even a moderate ability to manage his domestic and social stressors independently. Given the vast quantity of treatment to date, the guideline recommendations, and the lack of specific symptomatic and functional improvement to date, the additional 50 visits of psychotherapy are not medically necessary.

Psychiatric Re-Evaluation and Treatment X1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-402.

Decision rationale: This injured worker has psychiatric conditions (PTSD, depression) which have been described by multiple evaluators. Treatment to date has focused on psychotherapy primarily, although there were some visits with a psychiatrist earlier in care. There has been no apparent recent psychiatric care (the primary treating physician apparently does not provide psychiatric care). The ongoing diagnoses and symptoms indicate the potential need for psychiatric care, including medications. The Utilization Review slightly modified the request, certifying only an evaluation. The request was for one visit, to include evaluation and treatment. Given the long psychiatric history, findings of the AME, and current psychiatric symptoms, a visit with a psychiatrist is indicated and consistent with guidelines. The limited number of visits (one) is not excessive, and will be sufficient to allow for evaluation and initiation of any

treatment. The cited MTUS supports psychiatric evaluation and treatment for more severe disorders, which would be true in this case.

Consultation with Plastic Surgeon for Right Forearm Scar Revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation- Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape reference, Scar Revision .

Decision rationale: The MTUS and ODG do not address scar revisions. Medscape is cited above. Scar revision may be indicated for a variety of factors, including functional and esthetic deficits. The treating physician has provided no information about the state of any scar, and did not provide even a minimal history or physical. The AME stated that the wound had resolved without sequelae. There is therefore no current information to show that the scar in any way requires further medical care. Although the primary treating physician is not a surgeon, it is not unreasonable to expect a focused history and physical in support of the referral. Absent more clinical information, the referral is not medically necessary.