

Case Number:	CM15-0111479		
Date Assigned:	06/18/2015	Date of Injury:	04/02/2010
Decision Date:	07/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/10/2015

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: California, Indiana, New York
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:

The injured worker is a 37-year-old female, who sustained an industrial injury on April 2, 2010. Treatment to date has included Botox injections for migraines, oral medications, and anti-depressant medications. Currently, the injured worker complains of ongoing headaches, migraines and muscle contraction headaches. She was evaluated on May 19, 2015 and appeared apathetic and became tearful. She expressed lack of hope for the future and expressed that prior to her injury she enjoyed physical activity and was fit. The evaluating physician noted that the injured worker suffers from severe levels of depression. The injured worker denies a suicide plan and reports that she has frequent thoughts of death or the relief death would offer. The diagnosis associated with the request include is headache. The treatment plan includes twelve sessions of cognitive behavioral therapy, biofeedback training, acupuncture consultation, psychiatry consultation and psychotropic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty four sessions of Cognitive Behavioral Training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cognitive behavioral therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 24 sessions of cognitive behavioral training is not medically necessary. Cognitive behavioral therapy guidelines for chronic pain include screening for patients with risk factors for delayed recovery including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after four weeks if lack of progress from physical medicine alone. Initial trial of 3 to 4 psychotherapy visits over two weeks. With evidence of objective improvement, up to 6 - 10 visits over 5 - 6 weeks (individual sessions). In this case, the injured worker's working diagnoses are major depression; in chronic pain. The treating provider requested 24 sessions of cognitive behavioral therapy. The guidelines recommend an initial trial of 3-4 visits over two weeks. There is no rationale for going outside the guidelines. Based on the clinical response with objective functional improvement after the initial 3-4 visits, additional CBT may be clinically indicated up to 6-10 sessions. If additional CBT is required, a separate request may be made at that time. Consequently, absent compelling clinical documentation for an excessive number of CBT (24 sessions) with guideline recommendations for a 3-4 visit clinical trial, 24 sessions of cognitive behavioral training is not medically necessary.

Acupuncture Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture therapy.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture consultation is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are major depression; and chronic pain. The treating provider requested a consultation with an acupuncturist who specializes in the treatment of pain conditions. Acupuncture is indicated/recommended for headaches, with better effect found for the treatment of migraine and tension headaches. The

injured worker was seen and evaluated by a neurologist that concurred the injured worker suffers with migraine headaches. Acupuncture is clinically indicated for migraine headaches. The guidelines recommend a 3-4 visit initial trial over two weeks. A consultation is not medically necessary. With evidence of objective functional improvement, 8 to 12 visits over 4 to 6 weeks may be clinically indicated. Consequently, absent compelling clinical documentation for acupuncture consultation with guideline recommendations for a 3-4 visit initial trial and acupuncture guideline recommendations for migraine headaches, acupuncture consultation is not medically necessary.