

Case Number:	CM15-0172023		
Date Assigned:	09/14/2015	Date of Injury:	11/15/2012
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary, who has filed a claim for bilateral chronic hand pain reportedly associated with an industrial injury of November 15, 2012. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve requests for 12 sessions of acupuncture and 12 sessions of cognitive behavioral therapy. The claims administrator did partially approve 6 of the 12 proposed acupuncture treatments, an August 18, 2015 office visit referenced in the determination. The now-outdated, now-renumbered 2007 Acupuncture Medical Treatment Guidelines were invoked in the determination and were, moreover, mislabeled as originating from the current MTUS. The applicant's attorney subsequently appealed. On August 14, 2015, the applicant reported ongoing complaints of neck, hand, finger pain, 4 to 5/10. The applicant was using Norco for pain relief. The applicant was not working, it was acknowledged. 5/10 pain without medications and 2/10 pain with medications was reported. Norco was renewed. Drug testing was sought. The applicant was kept off of work, on total temporary disability. On August 18, 2015, the applicant reported ongoing complaints of neck pain radiating to the left arm. Cognitive behavioral therapy and acupuncture were sought. The attending provider framed both the requests as first-time request, but did not explicitly state whether the applicant had or not had these modalities in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledged that acupuncture is recommended in various context including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Here, thus, the request for what was framed as 12 initial acupuncture treatments, thus, was at odds with MTUS principles and parameters. The attending provider failed to furnish a clear or compelling rationale for such a protracted course of acupuncture at a rate and frequency two to four times MTUS parameters. Therefore, the request was not medically necessary.

Cognitive bio-behavioral therapy 1 time a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: Similarly, the request for 12 sessions of cognitive behavioral therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that behavioral intervention such as cognitive behavioral therapy at issue are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that cognitive behavioral therapy should initially be delivered via a 3-4 session trial. Here, thus, as with the preceding request, the request for 12 initial cognitive behavioral therapy treatments represented treatment at a rate three to four times MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted course of therapy well in excess of MTUS parameters. Therefore, the request was not medically necessary.