MAXIMUS Federal Services

Case Number:	CM15-0179252		
Date Assigned:	09/21/2015	Date of Injury:	10/05/2011
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/10/2015

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
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 injured worker is a 40 year old female, who sustained an industrial-work injury on 10-5-11. She reported initial complaints of tailbone pain with feet-toe tingling. The injured worker was diagnosed as having lumbar spine pain, myalgia and myositis, chronic pain due to trauma. Treatment to date has included medication, cold therapy, rest, massages, spitz baths, physiotherapy activities, physical therapy, cortisone injections, and acupuncture (6 sessions). MRI results were reported on the UR stated on 8-1-12 it documented no evidence of fracture, dislocation or bone marrow edema within the sacrum and coccyx and CT scan reports were reported on 9-25-15 was normal. Currently, the injured worker complains of coccyx pain with severity of 7 out of 10 and accompanied by bilateral feet and toes tingling. There was low back pain that radiated to the buttocks that radiated down one leg and muscle weakness. This caused difficulties with performing ADL's (activities of daily living). Medications include Gralise, Ibuprofen, Voltaren gel, and Omeprazole. Per the primary physician's progress report (PR-2) on 7-28-15, exam noted no acute distress with note of changing medications due to severe side effects. Current plan of care includes change in current medications due to side effects and steroid injection. The Request for Authorization date was 8-5-15 and requested service to include Acupuncture 2x3 for the lumbar spine, TENS-CMS 3000 Unit, and Psychological evaluation for cognitive behavior. The Utilization Review on 8-10-15 denied the request for acupuncture due to having prior sessions with no documentation to demonstrate improvement and TEN S-CMS 3000 Unit since there was no documentation of possible prior use in the past, and therefore not consistent with the guidelines, per CA MTUS (California Medical Treatment Utilization

Schedule) Acupuncture Medical Treatment Guidelines and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain. An initial three to six treatments at a frequency of one to three times per week is sufficient to produce functional improvements. If functional improvement results from the use of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. In this case, there is evidence in the available documentation that the injured worker has already completed 6 sessions of acupuncture, however, there is no documentation of functional improvement or pain relief resulting from the sessions. The request for acupuncture 2x3 for the lumbar spine is determined to not be medically necessary.

TENS-CMS 3000 Unit: 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): Transcutaneous electrotherapy.

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The criteria for the use of TENS specified by the guidelines are not supported by the clinical reports. There is no evidence in the available

documentation that the injured worker has attempted a one month trial with the TENS unit, therefore, the request for TENS-CMS 3000 unit is determined to not be medically necessary.

Psychological evaluation for cognitive behavior: Overturned

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: Per the MTUS Guidelines, 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. The criteria for use of cognitive behavior therapy (CBT) for chronic pain include (1) Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs (2) Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine (3) Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) are recommended. In this case, there is no evidence that the injured worker has ever been referred for behavioral interventions regarding her chronic pain. She has attempted and failed with trials of many pain medications as well as with physical therapy and acupuncture. She appears to be a good candidate for cognitive therapy. The request for psychological evaluation for cognitive behavior is determined to be medically necessary.