

Case Number:	CM15-0033380		
Date Assigned:	02/26/2015	Date of Injury:	11/12/2012
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 45-year-old female sustained an industrial injury on 11/12/12. She subsequently reports ongoing back pain. Diagnoses include lumbar herniation and thoracic/lumbar sprain. The injured worker has undergone left hip surgery. Treatments to date have included physical therapy, injections and prescription pain medications. On 2/12/15, Utilization Review non-certified request for Acupuncture once (1) a week for twelve (12) weeks to the Lumbar Spine and Left Hip and Cognitive Behavioral Therapy (CBT) once (1) a week for twelve (12) weeks. The Acupuncture once (1) a week for twelve (12) weeks to the Lumbar Spine was denied based on MTUS Acupuncture Medical Treatment Guidelines. MTUS guidelines were not cited in the denial of the Cognitive Behavioral Therapy (CBT) once (1) a week for twelve (12) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once (1) a week for twelve (12) weeks to the Lumbar Spine and Left Hip:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The 2/12/15 Utilization Review letter states the Acupuncture once a week for 12 weeks to the lumbar spine and left hip requested on the 2/08/15 medical report was denied because the reviewer believes the claimant has SI findings and that treatment should focus on this pain generator before diffuse therapy like acupuncture. According to the 2/8/15 pain management report, the patient presents with left low back pain. There are exam findings over the lumbar discs, SI joints, and hips. The diagnoses include lumbar radiculopathy; lumbar disc disease; and left-side SI arthralgia. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. The MTUS/Acupuncture guidelines state that there should be some evidence of functional improvement within the first 3-6 acupuncture sessions. The initial trial of 12 sessions of acupuncture would exceed this, and would not be considered necessary if there is no functional improvement with 6 sessions. IMR is unable to offer partial certification, so the request as written for "Acupuncture once a week for 12 weeks to the lumbar spine and left hip" IS NOT medically necessary.

Cognitive Behavioral Therapy (CBT) once (1) a week for twelve (12) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23.

Decision rationale: The 2/12/15 Utilization Review letter states the Cognitive behavioral therapy (CBT) once a week for 12 weeks requested on the 2/08/15 medical report was modified to allow 6 sessions to be in accordance with MTUS guidelines. MTUS Chronic Pain Medical Treatment Guidelines page 23 for Behavioral interventions states: Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone; 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). The request for 12 sessions of CBT will exceed the MTUS recommendation for an initial trial (4 sessions), and the MTUS recommended total sessions (10 visits). The request for "Cognitive behavioral therapy (CBT) once a week for 12 weeks" IS NOT medically necessary.