

Case Number:	CM15-0094136		
Date Assigned:	05/20/2015	Date of Injury:	10/14/2011
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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, Hawaii
 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 10/14/2011. He reported thoracic injury from repeated lifting. The injured worker was diagnosed as having left thoracic outlet syndrome, status post right side thoracic outlet release, chronic pain syndrome, and myofascial pain. Treatment to date has included medication, and magnetic resonance imaging. He has a history of 2 cervical spine fusion surgeries, and a right side thoracic outlet release. The request is for acupuncture and a psyche consultation. On 5/21/2015, he complained of left side thoracic outlet syndrome and myofascial pain. He is noted to have had good results from right side thoracic outlet release. The treatment plan included: buoy vest, acupuncture, psychotherapy, Nortriptyline, and physical therapy. On 6/15/2015, he complained of thoracic outlet syndrome. The cervical spine is noted to have restricted motion from previous fusions, otherwise no significant joint swelling or restriction in range of motion. The treatment plan included: thoracic outlet surgery. Some pages of the medical records have handwritten information which is difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 week, Thoracic Spine, 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain affecting the bilateral shoulders and upper extremities. The current request is for Acupuncture 2 x 3 week, Thoracic Spine, 6 sessions. There were only two progress reports provided for review. The treating physician report dated 5/21/15 (7B) states, "they denied acupuncture. The correspondence indicated that whoever reviewed it thought the acupuncture was for the thoracic spine but, in fact, it was not. It was for postoperative rehabilitation for thoracic outlet syndrome." Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month." In this case, the current request of 6 sessions is within the 3-6 recommended by the AMTG. The current request satisfies the AMTG guidelines as outlined on page 4. The current request is medically necessary.

Psych Consultation 1 x 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, (Online Version) Psychological Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127.

Decision rationale: The patient presents with pain affecting the bilateral shoulders and upper extremities. The current request is for Psych Consultation 1 x 6 weeks. There were only two progress reports provided for review. The treating physician report dated 5/21/15 (7B) states, "I recommend psychotherapy once a week for 6 weeks. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient presents with depression and the treating physician is requesting a consultation with a psychologist to help provide relief of the patient's symptoms. Furthermore, the treating physician expresses that the patient's case is very complicated and that he is relying on the judgment of other practitioners to properly treat the patient. The current request is medically necessary.