

<b>Case Number:</b>	CM14-0140615		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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] employee, who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 8, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; epidural steroid injection therapy; and unspecified amounts of the chiropractic manipulative therapy. In a Utilization Review Report dated August 11, 2014, the claims administrator denied a request for acupuncture, stating that the attending provider's progress notes were handwritten and difficult to follow. EEG testing, psychiatric consultation, unspecified psychiatric treatment, and cognitive behavioral therapy were likewise denied, reportedly handwriting and illegible supporting documentation on the part of the attending provider. The applicant's attorney subsequently appealed. In a May 20, 2014, progress note, the applicant reported persistent complaints of neck, back, arm, and bilateral lower extremity pain. The applicant also had issues with headaches, forgetfulness, and difficulty concentrating. Anxiety and posttraumatic stress were reported, particularly when driving. The applicant was asked to consult an urologist for urinary retention and continue treating with a psychiatrist for depression. The applicant was placed off of work, on total temporary disability, and continues treating with another provider for depression. The applicant was placed off of work, on total temporary disability. In a handwritten Doctor's First Report (DFR) dated August 1, 2014, the applicant apparently presented with a host of complaints, including headaches, blurry vision, panic attacks, anxiety, and depression. The applicant was asked to obtain six sessions of acupuncture and an EEG, along with cognitive behavioral therapy. It did appear that the applicant had remained off of work during large swaths of the claim. On February 13, 2014, the applicant stated that she was still having issues with mood disturbance, admittedly improving following introduction of Elavil. The applicant was placed off of work, on total temporary disability. The

remainder of the file was surveyed. It did not appear that the applicant had received prior acupuncture during the course of the claim. In an April 23, 2014 consultation, a Neuro-ophthalmologist stated that the applicant had a history of significant postconcussive visual disturbances. While the attending provider stated that these issues were abating in severity and frequency, the attending provider stated that he would nevertheless consider an EEG to rule out any occult epileptiform activity, although it was acknowledged that the applicant's symptoms were most likely psychiatric in nature.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Six (6) Acupuncture visits: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As noted in MTUS 9792.24.1.a.3, acupuncture can be employed for a wide variety of purposes, including in the chronic pain context seemingly present here. The time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments, per section 9792.24.1.c.1. The request, thus, as written, does conform to MTUS parameters. Therefore, the request for six (6) Acupuncture visits is medically necessary and appropriate.

#### **One Electroencephalogram (EEG): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines on-line 2014, Indications for EEG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Ambulatory EEG, Article.

**Decision rationale:** The MTUS does not address the topic. As noted by Medscape, however, indications for EEG testing include confirmation or clinical suspicion for epilepsy, and/or evaluation of seizures of which applicants are unaware. In this case, the applicant apparently is either having or had a variety of issues, including headaches, visual disturbance, poor response to earlier conservative treatment, etc., which, per several of the applicant's treating providers, does call into question possible occult epileptiform activity. EEG testing to determine the presence or absence of the same is therefore indicated. Accordingly, the request of one Electroencephalogram (EEG) is medically necessary and appropriate.

#### **Psychiatric Consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, Page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** As noted in MTUS Chronic Pain Medical Treatment Guidelines in Chapter 15, page 388, if an applicant's mental health symptoms become disabling and/or persist beyond three months, referral to mental health professional is indicated. In this case, the applicant is off of work. Significant mental health complaints associated with posttraumatic stress disorder, (PTSD) apparently persists. Obtaining the added expertise of a psychiatrist to further evaluate the same is indicated. Therefore, the request of Psychiatric Consultation is medically necessary and appropriate.

**Treatment (unspecified) #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, pages 399 through 401 does recommend a variety of psychological treatment modalities, including stress management techniques, relaxation techniques, behavioral techniques, cognitive techniques, stress inoculation therapy, etc., in this case, however, the request is imprecise. It was not clearly stated what treatment or treatment modalities were sought here. Therefore, the request of treatment (unspecified) #1 is not medically necessary and appropriate.

**Psychological/CBT Therapy, #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** The applicant has had prior unspecified amounts of cognitive behavioral therapy over the course of the claim. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, an applicant's failure to improve maybe due to incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychological stressors. In this case, the applicant is off of work. Significant depressive symptoms, anxiety symptoms, panic attacks reportedly persist. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite earlier psychological treatment/cognitive

behavioral therapy over the course of the claim. Therefore, the request of Psychological/CBT Therapy, #12 is not medically necessary and appropriate.