

Case Number:	CM13-0000959		
Date Assigned:	11/08/2013	Date of Injury:	04/02/2013
Decision Date:	10/15/2014	UR Denial Date:	06/22/2013
Priority:	Standard	Application Received:	07/05/2013

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 licensed in Chiropractic Services 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:

According to the available medical records, this is a 29 year old female patient with headaches and neck pain, date of injury is 04/02/2013. Previous treatments include chiropractic, acupuncture, and medications. Progress report dated 06/18/2013 by the treating doctor revealed the patient primary problem is lacerations located in the head, she describes it as aching and throbbing that is accompanied by headaches, her pain level is 0/10. Her second problem is pain located in the neck, described as aching, minimal and intermittent, pain level is a 0/10. Neurological exam noted no radiculopathy down UE or LE, pupils equally round and reactive to light and accommodation, negative nystagmus, pronator drift not present, CN II-XII intact, left frontal headaches without aura subsided with treatment. Cervical spine exam revealed no current tenderness to palpation, movement of the cervical spine is currently intact, upper extremity strength is 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONE (1) TIME A WEEK FOR SIX (6) 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 California Acupuncture Treatment Guidelines (except shoulder).

Decision rationale: The available medical records showed this patient has responded well to acupuncture treatment for her headaches and neck pain. She has had 12 sessions of acupuncture to date. According to the most recent progress report date 06/18/2018 by the treating doctor, her pain level is 0/10, her neurological exam is intact and her cervical exam is unremarkable. There is no evidence of functional deficits that warrant additional acupuncture care. Based on the guideline cited, additional acupuncture treatment request is not medically necessary.

CHIROPRACTIC TWO (2) TIMES A WEEK FOR THREE (3) 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 Chronic Pain Page(s): 58-59.

Decision rationale: According to the available medical records, the patient has completed 6 chiropractic treatment with great success. Her pain level is 0/10 now, her physical exam is normal and she had returned to work. According to the guideline recommendation, 1-2 visits every 4-6 months should be appropriate for her if there is documentation of a flare up. Therefore, the request for additional 6 chiropractic treatment for this patient is not medically necessary.