

Case Number:	CM13-0047992		
Date Assigned:	12/27/2013	Date of Injury:	10/22/2012
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 56 -year-old female who reported a work related injury on 10/22/2012, as a result of a fall. The patient denied loss of consciousness. The patient subsequently presents for treatment of a traumatic brain injury, cervical strain, and multilevel lumbar sprain. The clinical note dated 11/19/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues with head pain, back pain and cervical spine pain, all unchanged. The provider documented upon physical exam the patient had decreased in cervical spine range of motion was noted. The provider documented the patient was to utilize Mobic, Tylenol and Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared, myofascial release for neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient has been utilizing electromyofascial release/acupuncture for her cervical spine and lumbar spine pain complaints. The clinical notes failed to document the

patient's reports of objective functional improvements as noted with a decrease in rate of pain on a VAS and increase in functionality. The California MTUS Acupuncture Medical Treatment Guidelines indicates a frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as followed with 3 to 6 treatments to produce functional improvement. Given the lack of documentation evidencing the duration, frequency, and efficacy of prior utilization of this intervention, the request for Infrared, myofascial release of neck and back is neither medically necessary nor appropriate.

MRI of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports patient sustained a work related injury in 10/2012 as a result of a fall. The patient denied loss of consciousness at the time of injury. The provider is currently recommending MRI of the patient's brain however, as per Official Disability Guidelines indications for MRI of the head include to determine neurological deficits not explained by CT to evaluate pro larmnible of disturbed consciousness (S/L?) due to find evidence of acute changes superimposed on previous trauma or disease. Given the lack of any significant neurological deficits upon physical exam of the patient the request for MRI of the brain is neither medically necessary nor appropriate.