

Case Number:	CM14-0173181		
Date Assigned:	10/24/2014	Date of Injury:	07/14/2011
Decision Date:	12/03/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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 licensed in Chiropractic and Acupuncture 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 injured worker is a 49 year old male who reported head and neck pain from injury sustained on 07/14/11. At the time of in the injury, patient was bending over picking up boxes, when a column fell on his head. There were no diagnostic imaging reports. Patient is diagnosed with status post traumatic head injury; post-traumatic headaches; myofascial pain; post concussion syndrome with memory and concentration difficulty. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per medical notes dated 05/22/14, patient reports he still has a lot of head pressure. When he bends his neck down, he feels pressure and tightness on the top of the head. His scalp is sensitive to touch. Acupuncture treatment also helped reduce the head pressure and chiropractic has helped. Per medical notes dated 08/21/14, patient complains of increase head pressure and head rush in the past months. The symptoms are worsened with neck movement and neck bending. The neck feels tight especially on the left. Patient requests to have a course of acupuncture because of the increased symptoms. Previously acupuncture treatment had helped relieve the head pressure and head rush. Examination revealed tenderness of the sub occipital and posterior upper cervical region. Provider requested additional 8 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 08/21/14, patient requested to have a course of acupuncture because of increased symptoms; previously acupuncture treatment had helped relieve the head pressure and head rush. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.