

Case Number:	CM14-0021080		
Date Assigned:	05/07/2014	Date of Injury:	04/23/2012
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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 Board Certified in Orthopedic Surgery 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 records, presented for review, indicate that this is a 56 year-old individual who was injured in April 2012. A course of psychiatric intervention (12 visits) was approved in the preauthorization process. It is noted that there was a closed head injury, a cervical spine injury and a diagnosis of chronic cervicgia has been assigned. Elements of cognitive impairment and speech deficit were also noted. A course of acupuncture (12 sessions) was not deemed to be medically necessary. A neurological consultation was completed, and the physical examination noted a 5'7", 110 pound individual in no acute distress. The head examination and the neurological examination were within normal limits. The clinical impression was dramatic of injury with concussion, a cervical sprain and post concussive headaches. A repeat brain evaluation (MRI, electroencephalogram) was sought. No acute findings were noted on MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE TRAINING X TWELVE(12) VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY: PSYCHOLOGIC TREATMENT Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 101.

Decision rationale: When noting the date of injury, the mechanism of injury, the findings of the initial, intro and current physical examinations, there is insufficient clinical data presented to suggest the need for any additional cognitive training. As outlined in the guidelines, there is some clinical indication for this type of intervention; however, the current clinical assessment did not objectify any functional losses. As such, there is insufficient clinical data presented to support this request.

ACUPUNCTURE X EIGHT(8) VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This is an individual who sustained a closed head injury and a cervical sprain. There have been episodes of acupuncture interventions in the past, and there is no noted efficacy or utility identified with this intervention in the progress notes reviewed. Therefore, when taking the consideration the acupuncture guidelines, there is insufficient clinical data presented to support this request.