

Case Number:	CM14-0097485		
Date Assigned:	07/28/2014	Date of Injury:	05/02/2013
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 40-year-old male who reported a traumatic head injury resulting from a motor vehicle accident on 05/02/2013. On 05/15/2014, his diagnoses included postconcussive syndrome with headaches, traumatic vertigo, cephalgia, and anxiety. The injured worker complained of increasing pain to his neck radiating to his left shoulder. On 02/18/2014, an MRI of the brain revealed nonspecific white matter changes consistent with chronic microvascular ischemia. Otherwise, a normal MRI of the brain. He attended a 10 session program in an outpatient physical therapy balance and vestibular center. In that program, he met all but 1 of his goals with significant improvement in mobility, safety, and symptom reduction. He still required extra time for processing sensory information and verbal input. His medications included Topamax 100 mg and Ultram 150 mg. Partial rationale for the request stated he will need neuropsych studies before being MMI. The treatment plan on 03/13/2014 included referring him to an ophthalmologist for a vision evaluation. A Request for Authorization dated 05/15/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Requesting psyche consult due to anxiety.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Psychological evaluations, pages 100-101.

Decision rationale: The California MTUS Guidelines do recommend psychological evaluations, noting that they are generally accepted, well established, diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Past traumatic events were found to be predictors of chronic pain. It was noted that this worker was diagnosed with a traumatic brain injury, although his MRI was generally normal. It is possible that this worker could benefit from a psych consult and therapy, and he does not have a diagnosis of anxiety. The clinical information submitted meets the evidence based guidelines for the psych consult. Therefore, this request for requesting psyche consult due to anxiety is medically necessary and appropriate.

Magnetic resonance imaging (MRI) of the brain-reports headache-cephalgia.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Official Disability Guidelines do recommend MRIs of the brain, noting that it is well-established that a brain imaging study to determine neurological deficits not explained by computerized tomography, and to define evidence of acute changes superimposed on previous trauma or disease, is valid. However, this worker had an MRI of the brain on 02/18/2014, which was a normal MRI. There was no justification or rationale for a repeat MRI. Therefore, the request for Magnetic resonance imaging (MRI) of the brain-reports headache-cephalgia is not medically necessary and appropriate.

Functional Capacity Evaluation (FCE) of head and cervical spine due to cervicalgia.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, Independent Medical Examinations and Consultations (page 132-139); Official Disability Guidelines (ODG) (Fitness for Duty Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Flexibility and Forearm, Wrist, & Hand, Computerized muscle testing, Neck and Upper Back, Functional improvement measures.

Decision rationale: The Official Disability Guidelines do not recommend Functional Capacity Evaluations as a primary criteria, but they should be a part of a routine musculoskeletal evaluation. An inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. Computerized measurements are not recommended and are of unclear therapeutic value. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Restoration of function should be the primary measure of treatment success. Functional improvement measures should be used over the course of treatment to demonstrate progress in return to functionality, and to justify further use of ongoing treatment methods. It was noted that this worker had significant improvement in mobility, safety, and symptoms reduction. Specifically, he was able to transfer and ambulate without difficulty, had good upper extremity range of motion, and good upper extremity strength. The clinical information submitted failed to meet the evidence based guidelines for a Functional Capacity Evaluation. Therefore, the request for Functional Capacity Evaluation (FCE) of head and cervical spine due to cervicgia is not medically necessary and appropriate.

Acupuncture 2 times a week for 4 weeks due to headaches.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)-Pain, Suffering, and the Restoration of Function Chapter (page 114).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture 2 times a week for 4 weeks due to headaches is non-certified. The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The recommended frequency of treatment is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. There is no documentation that this worker was not tolerating his pain medication or that his pain medication was being reduced. The requested number of acupuncture treatments exceeds the recommendations in the guidelines. Therefore, this request for acupuncture 2 times a week for 4 weeks due to headaches is non-certified.