

Case Number:	CM15-0137303		
Date Assigned:	07/27/2015	Date of Injury:	07/15/2013
Decision Date:	08/27/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 44 year old male who sustained a work related injury July 15, 2013. He was hit by a bus and knocked to the ground unconscious. He was admitted to the hospital with a diagnosis of major concussion and head trauma. A third CT of the brain from July 15, 2013, revealed a stable small subdural hematoma along the left tentorium and decrease in size of large subgaleal hematoma seen in the vertex, with new overlying skin staples. According to a psychologist progress report, dated February 10, 2015, the injured worker is followed for a depressive disorder, not otherwise specified, with traumatic brain injury. He continues to make progress displaying increasing independence and fewer issues with poor judgment and impulse control. He and his wife report fewer incidents of regressive behavior and fewer arguments with threats of disrupting the family. His thinking is vague, concentration poor, and reports some memory deficits. He experiences self-doubt, depression with fatigue and feelings of helplessness and hopelessness. His activities are slowly increasing and his communication with his wife and interactions with his children are slowly improving with some periods of regression. According to a primary treating physician's progress report, dated June 25, 2015, the injured worker presented with head pain rated 6 out of 10, 24 months post injury. He also reports dizziness and headaches. Objective findings included; face is normal, no drooping; tenderness to palpation over the paraspinal muscles with limited axial rotation to about 10 degrees in each direction. Neuro examination finds him to be slightly drowsy with poor eye contact and stiffness in his neck. His gait while walking heel to toe is unsteady. Pupils are reactive and extraocular muscles are intact. There is no Battle sign from behind the ear over the mastoid process and no bleeding

from the back of the head. Cranial nerves and reflexes appear to be intact. Diagnoses are concussion with loss of consciousness of unspecified duration; neck sprain, strain; mild cognitive impairment. Treatment plan included an injection of Toradol, refill Norco, and refer to urology for consultation, and at issue, a request for authorization for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2 times a week for 3 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of head pain. The patient has had acupuncture in the past. The provider reported that acupuncture reduced the patient's pain, headaches, and blood pressure. The patient has a history of high blood pressure. According to the note dated 1/15/2015, the patient was on 4 blood pressure medications and yet the blood pressure remained uncontrolled. Per report dated 6/26/2015, the patient's blood pressure was 133/80 and is stable. It appears that the patient benefited from acupuncture. It is reasonable to continue acupuncture session at this time. The patient was able to lower his blood pressure. Therefore, the provider's request for 6 additional acupuncture sessions is medically necessary at this time.