

Case Number:	CM15-0190657		
Date Assigned:	10/02/2015	Date of Injury:	07/22/2012
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: Preventive Medicine, Occupational 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 37-year-old female who sustained an industrial injury on 7-22-2012. A review of medical records indicates the injured worker is being treated for traumatic brain injury, post concussive surgery, personality changes secondary to traumatic brain injury, impaired mobility, and cervicgia. Medical records dated 9-3-2015 noted chronic headaches. She has cervicgia with cervical pain, chronic headaches and has an increased cervical strain. There was no change from prior visit. Physical examination noted cervical strain. Identifiable trigger points were noted in the cervical paraspinal muscles. Traction did reduce the pain to a certain degree. Treatment has included Adderall, Tylenol, Tylenol #3, Botulinum toxin, Zofran, and physical therapy (amount unknown). Utilization review form dated 9-11-2015 modified 10 acupuncture treatments, 9 physical therapy sessions, and noncertified 3- Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 acupuncture treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. In this case, acupuncture is warranted, however, this request is for 10 sessions, which exceeds the recommendations of the guidelines. The request for 10 acupuncture treatments is determined to not be medically necessary.

9 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker has already completed 9 sessions of physical therapy without documented efficacy; therefore, this request for 9 physical therapy sessions is determined to not be medically necessary.

30 Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for 30 Lidoderm patches is determined to not be medically necessary.