

Case Number:	CM14-0149668		
Date Assigned:	09/18/2014	Date of Injury:	10/13/2010
Decision Date:	11/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in New York. 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 61-year-old female who reported an injury on 10/13/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included post contusion syndrome and headache. The previous treatments included medication, acupuncture, and injections. In the clinical note dated 08/29/2014, it was reported the injured worker complained of headaches, dizziness, neck pain, and depression. On physical examination, the provider noted the injured worker to have tenderness of the suboccipital bilateral and trapezius area. The provider requested occupational therapy/physical therapy. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy / Physical therapy twice a week for four weeks (8 sessions) for the head: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for occupational/physical therapy twice a week for 4 weeks for the head is not medically necessary. The clinical documentation submitted failed to provide an adequate and complete physical examination demonstrating the injured worker to have decreased sensation, motor strength, or flexibility of the head. The clinical documentation submitted did not indicate the number of sessions the injured worker has previously undergone and the efficacy of the previous sessions.

Acupuncture twice a week for four weeks (8 sessions) for the head: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture twice a week for 4 weeks 8 sessions for the head is not medically necessary. The Acupuncture Medical Treatment Guidelines note acupuncture is used 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication, induce nausea, and promote relaxation in an anxious patient, and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with frequency of 1 to 3 times per week. An optimum duration includes 1 o 2 months. Acupuncture treatments can be extended if functional improvement is documented. The provider failed to document an adequate and complete physical examination indicating the injured worker had functional improvement with the previous sessions. The number of sessions the injured worker has previously undergone was not submitted for clinical review.