

Case Number:	CM15-0111897		
Date Assigned:	06/18/2015	Date of Injury:	10/18/2014
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/10/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 25 year old female patient who sustained an industrial injury on 10/18/2014. The accident was described as while working at a restaurant she slipped and fell with resulting head injury. She did get evaluated received medication and returned to a modified work duty. A computerized tomography study done on 10/19/2014 showed no acute findings. She underwent a course of physical therapy and took anti-inflammatory medication. She continued with subjective complaint of having headaches. A primary treating office visit dated 10/28/2014 reported subjective complaint of having left knee, left hip, left neck pain along with headaches. She states that she feel onto her left knee, left hip and left neck causing pain. The plan of care noted the patient continuing with physical therapy session and remaining off from work duty. The following diagnoses were applied: fall against object; hip pain; knee/leg strain; head injury; right cervical muscle spasm, and cervical strain. Current medications are: Tylenol ES and Motrin. The follow up dated 12/18/2014 reported no change in the subjective complaints. Medications consisted of Relafen. She is to continue with physical therapy. The plan of care involved obtaining a neurology consultation, and to undergo a magnetic resonance imaging study of the hip due to persistent pain. She is to return to a modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 weeks for the cervical spine and left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture therapy.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times four weeks to the cervical spine and left knee is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three-four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical spine sprain strain; lumbar spine sprain strain; and left knee sprain strain. The date of injury is October 18, 2014. The injured worker is a 25-year-old that sustained an injury to the head and jaw. The injured worker was seen in the emergency department. The injured worker underwent a CAT scan of the head, receipt for physical therapy sessions the left knee and seven chiropractic treatments. The injured worker was seen by a neurologist for headaches and diagnosed with TMJ syndrome. The most recent progress note medical record is dated April 21, 2015. The treating provider requested acupuncture two times per week times four weeks. The guidelines recommend 3-4 visits over two weeks. With evidence of objective functional improvement additional acupuncture treatment may be clinically indicated. The treating provider requested 8 sessions in excess of the recommended 3-4 visit clinical trial. Consequently, absent compelling clinical documentation for acupuncture two times per week times four weeks with guideline recommendations indicating a 3-4 visit clinical trial, acupuncture two times per week times four weeks to the cervical spine and left knee is not medically necessary.

Initial Internal Evaluation, due to internal symptoms, and treatment based on outcome of evaluation x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, initial internal evaluation, due to internal symptoms, and treatment based on outcome of evaluation times one is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis,

prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical spine sprain strain; lumbar spine sprain strain; and left knee sprain strain. The date of injury is October 18, 2014. The injured worker is a 25-year-old that sustained an injury to the head and jaw. The injured worker was seen in the emergency department. The injured worker underwent a CAT scan of the head, receipt for physical therapy sessions the left knee and seven chiropractic treatments. The injured worker was seen by a neurologist for headaches and diagnosed with TMJ syndrome. The most recent progress note medical record is dated April 21, 2015. The treating provider requested acupuncture two times per week times four weeks. The guidelines recommend 3-4 visits over two weeks. With evidence of objective functional improvement additional acupuncture treatment may be clinically indicated. The treating provider requested 8 sessions in excess of the recommended 3-4 visit clinical trial. The utilization review provider initiated a peer-to-peer conference call with the treating provider. Prior to authorizing a consultation for internal symptoms, the treating provider agreed to completing six acupuncture treatment sessions and reevaluating the injured worker at that time. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and a peer-to-peer conference call with agreement by the treating provider to reevaluate the injured worker after the six visit acupuncture clinical trial, initial internal evaluation, due to internal symptoms, and treatment based on outcome of evaluation times one is not medically necessary.