

Case Number:	CM15-0067576		
Date Assigned:	04/15/2015	Date of Injury:	10/06/2013
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, Illinois

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 (IW) is a 45 year old female who sustained an industrial injury on 03/19/2015. She reported neck pain. The injured worker was diagnosed as having cervical strain and pain, chronic neck pain, migraine headaches, myofascial pain syndrome, history of mild traumatic brain injury, depression and anxiety. Treatment to date has included oral medications, dorsal medial branch block, and cognitive behavior therapy. Currently, the injured worker complains of headaches and neck pain. Her main concern is that she has continuing migraines, dizziness on movement and the neck pain. Treatment plans include requests for authorization for Acupuncture Cervical Spine, 2 Cognitive Behavior Therapy Sessions, ENT Evaluation, Retro Urine Toxicology, Neuro-Ophthalmologist Evaluation, Radiofrequency Ablation Left C4, C5 and C6, and Tramadol ER 150 MG.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 03/19/2015. The medical records provided indicate the diagnosis of cervical strain and pain, chronic neck pain, migraine headaches, myofascial pain syndrome, history of mild traumatic brain injury, depression and anxiety. Treatment to date has included oral medications, dorsal medial branch block, and cognitive behavior therapy. The medical records provided for review do not indicate a medical necessity for 6 Acupuncture Cervical Spine. The records indicate the injured worker benefited from previous acupuncture, but the records did not indicate how many sessions she had, neither did it quantify the functional improvement derived from acupuncture. The MTUS recommends acupuncture treatments may be extended if functional improvement is documented. Therefore, the requested medical treatment is not medically necessary.

12 Cognitive Behavior Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The injured worker sustained a work related injury on 03/19/2015. The medical records provided indicate the diagnosis of cervical strain and pain, chronic neck pain, migraine headaches, myofascial pain syndrome, history of mild traumatic brain injury, depression and anxiety. Treatment to date has included oral medications, dorsal medial branch block, and cognitive behavior therapy. The medical records provided for review do not indicate a medical necessity for 12 Cognitive Behavior Therapy Sessions. The records indicate the injured worker had significant benefit from previous therapy. However, there was no mention of the number of sessions she had, the duration of treatment, neither was there a documentation quantifying the benefit from the cognitive behavioral therapy. The MTUS recommends acupuncture treatments may be extended if functional improvement is documented. The MTUS recommends initial trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Therefore, the requested medical treatment is not medically necessary.

ENT Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The injured worker sustained a work related injury on 03/19/2015. The medical records provided indicate the diagnosis of Traumatic Brain Injury, cervical strain and pain, chronic neck pain, migraine headaches, myofascial pain syndrome, history of mild

traumatic brain injury, depression and anxiety. Treatment to date has included oral medications, dorsal medial branch block, and cognitive behavior therapy. The medical records provided for review do not indicate a medical necessity for ENT Evaluation. The records indicate the injured worker was suffering from hearing loss, dizziness, vision problems; the worker has been referred for neurophthalmological evaluation. The MTUS requires the treating physician to act as a primary case manager, and in so doing, provide appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Therefore, since the neurophthalmologist evaluation might unravel the cause of all the symptoms, concurrent referral for ENT evaluation might be considered too early. Therefore, the requested medical treatment is not medically necessary.