

<b>Case Number:</b>	CM13-0048496		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 70-year-old male, with a reported date of injury of 05/09/2011. The diagnoses include rule out head injury, rule out post-traumatic stress disorder, and weakness, rule out tension headache, depressive disorder, anxiety with depression, rule out injury to the acoustic nerve, insomnia, and tinnitus. Treatments have included electro diagnostic studies, psychiatric testing, acupuncture, and oral medications. The progress report dated 10/22/2013 indicates that the injured worker complained of headaches, constant neck pain, with radiation to the left upper extremity, disturbed sleep due to pain, and bouts of depression and anxiety. The objective findings include decreased range of motion and pain at the cervical spine, slightly positive bilateral maximal foraminal compression, pain with pronation and supination, visual atrophy of the left forearm, anger, frustration, and decreased left shoulder and elbow range of motion. The treating physician requested acupuncture two times a week for four weeks for the head and left forearm; psychological follow-up; pain management; and neurological follow-up. The rationale for the request was not indicated. On 10/23/2013, Utilization Review (UR) denied the request for acupuncture two times a week for four weeks for the head and left forearm; psychological follow-up; pain management; and neurological follow-up. The UR physician noted that there was no documentation of objective findings supporting improvements because of acupuncture; the initial psychological evaluation/treatment was not provided; the initial pain management evaluation/treatment was not available for review; and the result of the initial neurological evaluation/treatment was not available for review. The MTUS Acupuncture Medical Treatment Guidelines, the MTUS Guidelines, and The MTUS ACOEM Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks for the head and left arm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** 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. There are no records indicating that the IW required reduction in medication or had intolerance to pain medication. The request is not medically necessary and appropriate.

**Psyche follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head - Cognitive Therapy.

**Decision rationale:** Psychotherapy is recommended with restrictions. For concussion/ mild traumatic brain injury, neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. There is inadequate/insufficient evidence to determine whether an association exists between mild TBI and neurocognitive deficits and long-term adverse social functioning, including unemployment, diminished social relationships, and decrease in the ability to live independently. The records did not include the initial evaluation thus further psychiatric therapy cannot be considered. This request is not medically necessary and appropriate.

**Pain Management follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** Chronic pain programs are recommended depending on identification of patients that may benefit from early intervention via a multidisciplinary approach, as indicated below. Identification of patients that may benefit from early intervention via a multidisciplinary

approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. The records did not include the initial evaluation thus further pain therapy cannot be considered. This request is not medically necessary and appropriate.

**Neuro follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head - Neuropsychological testing.

**Decision rationale:** Neuropsychiatric testing and follow up is recommended with restrictions. The application of neuropsychological (NP) testing in concussion has been shown to be of clinical value and contributes significant information in concussion evaluation, but NP assessment should not be the sole basis of management decisions. The records did not include the initial evaluation thus further neurologic evaluation and therapy cannot be considered. This request is not medically necessary and appropriate.