

Case Number:	CM16-0230548		
Date Assigned:	12/06/2016	Date of Injury:	11/01/2016
Decision Date:	01/04/2017	UR Denial Date:	12/01/2016
Priority:	Standard	Application Received:	12/01/2016

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

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:

Though the medical records were typed, it was blurry. The injured worker is a 60 year old male, who sustained an industrial injury on 11-01-2016. A review of the medical records reveal that the injured worker (IW) is undergoing treatment for contusion to the head, neck strain, and right hand contusion. Medical records (11-01-2016 to 11-21-2016) noted ongoing headaches, head and brain pain, neck pain, disorientation, concentration difficulties, memory and focus problems, and right wrist pain. Pain levels were rated 2-5 out of 10 on a visual analog scale. Per the treating physician's progress report, the IW has not returned to work. The physical exam, dated 11-21-2016, was a distorted copy and very difficult to decipher the objective findings. Relevant treatments have included: physical therapy, work restrictions, and medications. The request for authorization (received on 11-23-2016) shows that the following tests and treatments were requested: MRIs of neck and right hand without contrast, and 6 sessions of acupuncture for the neck, head and right hand. The original utilization review (12-01-2016) non-certified the request for MRIs of neck and right hand without contrast, and 6 sessions of acupuncture for the neck, head and right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of neck and right hand without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and hand (updated 11/23/16), MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The injured worker sustained a work related injury on 11-01-2016. The medical records provided reveal the diagnosis of contusion to the head, neck strain, and right hand contusion. Treatments have included physical therapy, work restrictions, and medications. The MTUS states that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure; Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The medical records reveal the injury is about 20 days old, the injured worker is responding to physical therapy; there was no equivocal or unequivocal evidence of neurological dysfunction. The MTUS does not recommend MRI of the hand except for suspected infections, and on rare occasions carpal tunnel syndrome. The request for MRI of neck and right hand without contrast is not medically necessary.

Acupuncture 3 times a week for 2 weeks, neck, right hand and head: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Acupuncture Guidelines states that "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. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). The medical records reveal the injured worker is undergoing physical therapy; the recommended number of visits is within the guidelines recommendation. The request for Acupuncture 3 times a week for 2 weeks, neck, right hand and head is medically necessary.