

Case Number:	CM13-0003787		
Date Assigned:	12/27/2013	Date of Injury:	08/08/2002
Decision Date:	03/06/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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:

This is a 58-year-old female who sustained injury on 08/08/2002. She has been under care of [REDACTED]. She was treated with cervical fusion at C4-5 and C5-6, lumbar fusion from L3-S1 and hardware removal. She has tried several conservative modalities including 6 sessions of acupuncture treatment. A note dated 06/19/2013 by [REDACTED] indicates that she presented with complaints of neck symptomatology with benefit from oral medications and transdermal creams. On physical examination, there was cervical spine spasm, tightness, and tenderness in paravertebral musculature and the left levator scapulae to a greater extent. There was limited cervical range of motion. A urine specimen was obtained to monitor use with anticipation to review the efficacy of these medications on return visit. Radiographs of the cervical spine showed arthrodesis. Treatment plan was to try extracorporeal shockwave therapy for the left levator scapulae region. On follow up note dated 06/21/2013, [REDACTED] reported clinical exam findings remained abnormal for presence of tenderness, significant of pathologic condition. An acupuncture treatment was recommended since she had recent flare up of her spine condition on 05/22/2013. [REDACTED] recommended Cyclobenzaprine 7.5 mg #60, Gabapentin/Ketoprofen/Lidocaine cream 6/20/6.15% #240 mg, 2 cc Toradol and one vitamin B-12 complex, urine drug screen, x-rays of the cervical spine, eight acupuncture sessions for the cervical spine, and Tramadol ER 150 mg #60. The current review is for acupuncture 8 sessions for the cervical spine and Tramadol ER 150 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 8 Acupuncture sessions for the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 sessions of acupuncture treatment is non-certified. There is no mention or documentation in the records submitted that the previous trial of 6 sessions of acupuncture treatment showed any functional improvement. As per the referenced guidelines, "acupuncture treatments may be extended if functional improvement is documented. Thus, the request of eight sessions of acupuncture treatment for the cervical spine is non-certified.

Tramadol Extended Release 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 76-80, 93-94.

Decision rationale: This patient has been taking Tramadol for prolonged periods of time, and there is no documentation regarding the length of time that the patient has been taking Tramadol as well as no information on its effect. There is no mention about significant pain relief or functional improvement with the use of this medication. Therefore, the request is non-certified. Additionally, slow tapering/weaning of this medication is recommended due to the risk of withdrawal symptoms.