

Case Number:	CM13-0010695		
Date Assigned:	09/19/2013	Date of Injury:	01/12/2000
Decision Date:	01/24/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Ohio and Texas. 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:

The patient is a 51 year old female who reported an injury on 1/12/00; the mechanism of injury was lifting a 35 pound flat of milk. Her diagnoses included scoliosis, lumbar spine, status post laminectomy/discectomy, degenerative disc disease, chronic pain, and disc desiccation L4-5 and L5-S1. The clinical note dated 7/11/13 reported that she continued to have complaints of pain lower back rated 7/10. The patient complained of numbness and tingling in her right lower extremity which radiated down into her foot. Upon assessment, mobility was restricted and painful on flexion and extension, straight leg raise was positive, and there was decreased sensation over the L4-5 and L5-S1 dermatomes. The patient was able to comfortably carry 20 pounds. She was having anxiety due to her inability to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture twice a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is an option when pain medication is reduced or not tolerated. There is no

documentation of the patient's intolerance for any pain medication, and/or a decrease in her medication regimen. The patient had acupuncture treatments previously and continues to have the same complaints of pain. Due to the lack of clinical documentation to support a functional increase or decrease in pain, the request is non-certified.

physical therapy twice a week for four weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS states that 9-10 visits are recommended for physical therapy for myalgia and myositis, and 8-10 visits are recommended for neuritis, neuralgia, and radiculitis. The patient has already received an unknown amount of therapy for the reported injury. Therapy could be extended if there is clinical documentation of functional improvement and/or increased quality of life, but here is no clinical documentation provided in the medical record to support such findings; therefore, the medical necessity for additional physical therapy has not been proven. As such the request is non-certified.

Ultram 50mg, every 6 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78-79.

Decision rationale: The California MTUS states there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects when conducting ongoing opioid management. There is no clinical documentation of the patient's pre- and post-medication pain and functional levels. The patient continued to complain of back pain 7/10 which indicates that her pain medication is ineffective, thus not medically necessary. Due to the lack of sufficient documentation of the patient's pain, functional levels, and medication use, the request is non-certified.