MAXIMUS Federal Services

Case Number:	CM13-0018395		
Date Assigned:	10/11/2013	Date of Injury:	04/12/2002
Decision Date:	01/03/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/29/2013

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 Orthopedic Surgery 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.

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 56-year-old gentleman injured on 4/12/02. The records do not document specific mechanism of injury. The current clinical records for review include a progress report dated 8/6/13 where the claimant saw the treating physician, [redacted], for subjective complaints of mid and low back pain rated as a 9/10 on a pain scale with stabbing pain, tingling, and numbness into the feet. It states that he is scheduled and authorized for a spinal cord stimulator trial in late August and continues to be utilizing a home exercise program. Objective findings demonstrated diminished psoas and quadriceps strength at 4+/5, hamstring strength at 5-/5, and bilateral straight leg raise reproducing typical pain into the foot. Reviewed at that time was a letter from the insurance carrier authorizing the use of medications including Gabapentin, Senna, Cymbalta, MS Contin, and denial for blood testing to the liver and kidney. At that time, there was an appeal for the blood testing given the claimant's ongoing medication usage. A spinal cord stimulator was once again recommended as well as the medications discussed above. Also requested under appeal was an additional six sessions of acupuncture to the thoracic and lumbar spine and ultrasound to the abdomen, liver, and blood testing to include liver and kidney function testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood test for liver and kidney function: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, laboratory testing for liver and kidney function would not be supported. California MTUS Chronic Pain Guidelines indicate that non-steroidal medication includes a boxed warning with recommendation for complete blood count and chemistry profile including liver and renal function tests 4-6 weeks after starting therapy. The claimant has been utilizing this therapy for a greater than ten year period of time since the time of injury. Most recent clinical progress reports indicate no side effect with medications, physical exam findings, or adverse effects from drug regimen. There is no current indication for laboratory testing beyond the initial eight week recommendation. Thus, the need for laboratory testing at this chronic stage in the claimant's clinical course of care would not be supported.

Ultrasound of the abdomen and liver: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, lumbar and thoracic, acute and chronic..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines, low back procedure, Ultrasond, diagnostic imaging..

Decision rationale: California MTUS states, "Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes". When looking at Official Disability Guidelines criteria, ultrasound imaging in cases of chronic low back complaints is considered experimental at best. Specifically with regard to the claimant's abdomen, there is no current indication of abnormal physical examination findings that would dictate or warrant the need for ultrasound testing. Based on the available information, in that Official Disability Guidelines do not support the use of ultrasound as a diagnostic tool in back pain and in that CA MTUS do not recommend the use of diagnostic studies simply for screening purposes, the ultrasound of the abdomen and liver cannot be considered as medically necessary.

Six acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on California MTUS Acupuncture Guidelines, the continued role of this modality would not be indicated. While acupuncture can be utilized for chronic pain purposes, its optimal duration is only 1-2 months with time frame to show functional improvement of 3-6 treatments. The record indicates that the claimant has already undergone substantial acupuncture treatment with no significant improvement and pain score measurements that are still 9/10 as documented in the last clinical assessment. As such, the continued role of this treatment would not be indicated given the claimant's ongoing and unresolved pain complaints.