MAXIMUS Federal Services

Case Number:	CM13-0018898		
Date Assigned:	10/11/2013	Date of Injury:	03/02/2012
Decision Date:	02/19/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/30/2013

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 Family Practice and is licensed to practice in 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 45-year-old male who reported a work related injury on 03/02/2012, as a result of strain to the lumbar spine. The clinical notes evidenced the patient has utilized chiropractic manipulation as well as electro-acupuncture treatment, which the patient reports was helpful. The patient has been utilizing naproxen as well as Mobic. The clinical note dated 09/12/2013 reports the patient was seen under the care of [redacted]. The provider documented the patient reported continued low back pain with radiation of pain to the left lower extremity. The provider documented the patient, upon physical exam, has decreased range of motion about the lumbar spine, 5/5 motor strength noted to the bilateral lower extremities, and positive straight leg raise testing of the left lower extremity. The provider documented the patient reported 1 tab of Mobic was not sufficient to control his pain; therefore, the provider recommended an increase to 2 tabs a day for better pain control. The provider documented the patient utilizes a TENS unit, 30 minutes several times a day, for additional pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six electro-acupuncture treatment (AKA: Perutaneous electrical nerve stimulation:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Pain, Suffering, and the Restoration of Function Chapter, page 114; and the Acupuncture Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reported the patient had previously utilized acupuncture for his pain complaints about the lumbar spine. The patient reported this was helpful. However, quantifiable objective functional improvements, as noted by a decrease in rate of pain on the VAS and increase in objective functionality, were not evidenced in the clinical notes reviewed to support additional acupuncture for this patient at this point in his treatment. Given all the above, the request for 6 electro-acupuncture treatments is not medically necessary or appropriate.

Mobic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation ODG, Pain Chapter, NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: The current request is not supported. California MTUS indicates Mobic is utilized for mild to moderate pain for off-label indications. The provider documented Mobic was ineffective for his pain complaints at 1 tab by mouth daily; therefore, the does was increased to 2 tabs by mouth daily. The current request rendered does not indicate the patient's specific dose per day, nor number of tablets to be rendered. In addition the clinical notes reported the patient was utilizing Naproxen also. Given all the above, the request for Mobic is not medically necessary or appropriate.