

Case Number:	CM13-0020994		
Date Assigned:	10/11/2013	Date of Injury:	06/23/2002
Decision Date:	02/05/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/06/2013

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 58-year-old Caucasian female who was injured at the [REDACTED] where she worked as a food demonstrator on 06/23/02. The patient recalled that one of the employees of the store was helping her to assemble a work station for the food demonstration. Suddenly the employee put down a lift with a heavy table which landed on the patient's left leg. The patient experienced excruciating pain; she pulled her leg out and fell backwards. She recalled being in shock due to pain. She had a deep cut laceration on the dorsal surface of her left foot and blood was gushing out. The patient did not sustain loss of consciousness but recalled landing down first on her buttocks, then on the lower and upper back and neck. The patient was helped by a pharmacist from the local pharmacy who applied bandages. The patient drove herself to [REDACTED] where new bandages were applied; she was asked to remove them in eight to ten days and apply ice. She was given Vicodin. She began experiencing lower back pain and neck pain soon after the initial injury. She underwent an MRI of the lumbar spine and was seen for neurosurgical consultation by [REDACTED]. She underwent a CT myelogram of the lumbar spine, nerve conduction study and EMG of the lower extremities. She received a course of physical therapy, chiropractic treatment, acupuncture, occipital nerve block, sciatic nerve block and trigger point injections. Due to gastrointestinal symptoms, she began taking Protonix. Since the accident she was virtually deaf due to a hearing aid that broke during her fall on 06/23/02.

PAST MEDICAL HISTORY: Depression. The patient was in remission. She received her treatment for approximately one year prior to the accident. The patient had a progressive hearing loss and underwent two surgeries in 1996 and 1998 and was wearing a hearing aid since her last surgery. In 1993 she had an L5 discectomy. She had a good recovery and was essentially asymptomatic prior to

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for eight acupuncture sessions is not medically necessary as written per MTUS guidelines . Per guidelines : (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. The request for 8 acupuncture sessions exceeds guideline recommendations and therefore is not medically necessary as written.

1 prescription for Cymbalta 60mg: 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): 11,13,14,42.

Decision rationale: is not medically necessary as written per MTUS guidelines. Cymbalta can be used for neuropathic pain and is medically appropriate for this patient however the request as written without a specific quantity requested of Cymbalta is not medically necessary as written. Per guidelines "The duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects as set forth in the Introduction of these guidelines at page8. With regard to the frequency and intensity requirements, the treating physician is required, as stated in the Introduction of these guidelines at page 7, to exercise clinical judgment by "tailor[ing] medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities. The duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects as set forth in the Introduction of these guidelines at page 8. With regard to the frequency and intensity requirements, the treating physician is required, as stated in the Introduction of these guidelines at page 7, to exercise clinical judgment by "tailor[ing] medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies." The physician shall be "knowledgeable regarding prescribing information and adjust the dosing [i.e. how often {frequency} and how much {intensity}] to the individual patient" as stated in these guidelines at page 7 of the Introduction. Clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8.

