MAXIMUS Federal Services

Case Number:	CM13-0022043		
Date Assigned:	12/11/2013	Date of Injury:	04/09/2010
Decision Date:	02/12/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

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.

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 68 year old make with a date of injury of 4/9/2010. The patient is being treated for the back and psychological issues with a diagnosis of lumbar spondylosis. He has been treated by medications, TENS, aquatic therapy and acupuncture. The patient continues to have right leg weakness, right calf numbness, low back pain. The primary treating physician (PTP) reports improving back posture. The patient had acupuncture in March, 2013. There is no record of how many acupuncture sessions the patient had in March. There is a note from 1/9/13 stating the patient wants to be off of Ryzolt.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: MTUS does not recommend a back brace unless the patient is recently postop or there is an issue of laxity. These issues are not present In this case, and the back brace is not necessary

six (6) sessions of acupuncture in treatment to the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient reports benefit from acupuncture and is trying to use acupuncture for pain relief and rely less on medication. UR allowed 3 sessions of acupuncture. MTUS allows for 3-6 sessions of acupuncture as long as it shows functional improvement. This request is within MTUS, and is therefore appropriate.

Ryzolt 100mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Ryzolt is a brand name for tramadol ER. MTUS states there needs to be evidence of functional improvement and pain reduction for continued use of opioids. There is no such evidence in the current record. In addition, the records indicate the patient wanted to discontinue this medication. Therefore, this medication is not medically necessary