

Case Number:	CM13-0028598		
Date Assigned:	11/27/2013	Date of Injury:	04/13/2011
Decision Date:	02/04/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/25/2013

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 Texas and Oklahoma. 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 57-year-old female who reported a work related injury on 04/13/2011 due to walking down stairs and twisting her ankle. The patient has undergone physical therapy and acupuncture treatments. The patient has complaints of chronic lower and upper back pain and neck pain. She has neck stiffness and headaches. The patient has also undergone chiropractic treatments, ultrasound, and massage. The patient's medications include Baclofen, Novolin, Voltaren gel, losartan, Vicoprofen, and Sumatriptan. With acupuncture and massage, the patient has been noted to decrease reliance on medications and improve her functions. A request has been made for acupuncture quantity: 8, Vicoprofen 8.5/200 mg quantity: 270, and transforaminal or SNRB at right L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Chronic Pain Medical Treatment Guidelines indicate that acupuncture can be used as an option when pain medication is reduced or not tolerated, or may

be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Per clinical documentation submitted for review, the patient is not noted to have reduced her pain medication and was also not noted to be in a physical rehabilitation program or home exercise program. Guidelines further state time to produce functional improvement with acupuncture treatments is 3 treatments to 6 treatments 1 time to 3 times per week at an optimum duration of 1 month to 2 months. It is unclear, per the submitted documentation, how many acupuncture treatments the patient has had to this date. The patient was noted to have had functional improvements due to acupuncture; however, the patient does not meet guideline criteria as acupuncture is not being used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery for the patient. Therefore, the decision for acupuncture QTY: 8 is non-certified.

Vicoprofen 7.5/200mg QTY: 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management, Opioids, Specific drug list Page(s): 78, 92.

Decision rationale: California Chronic Pain Medical Treatment Guidelines indicate that Vicoprofen is recommended for short term use only (generally less than 10 days). Per the clinical documentation submitted, the patient has been using this medication since at least 07/2012. The patient was also noted to have GI issues in the submitted clinical documentation. Furthermore, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects was not noted for the patient due to her use of opioids for pain management, per guideline criteria for opioid use. As such, the decision for Vicoprofen 7.5/200mg QTY: 270 is non-certified.

Transforaminal or SNRB at right L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per recent clinical documentation, the patient was noted to have undergone prior L4-5 epidural steroid injection. It was noted that epidural steroid injection helped the patient about 30%. California Chronic Pain Medical Treatment Guidelines indicate that repeat blocks should be based on continued objective documented pain and functional improvement, to include at least 50% pain relief with an associated reduction of medication use for 6 weeks to 8 weeks. Guidelines further state that epidural steroid injections can offer short term pain relief and should be used in conjunction with other rehab efforts. The clinical documentation submitted for review does not meet guideline criteria for the use of epidural steroid injections. The patient was noted to have received 30% of improvement with prior epidural steroid injection, and the patient

was not noted to be involved in a rehabilitation program. Physical exam of the patient revealed normal reflexes, motor strength, and intact sensations. There were no clear cut findings of radiculopathy on the patient's physical exam. Given the above, the decision for transforaminal or SNRB at right L4-5 is non-certified.