

<b>Case Number:</b>	CM13-0031032		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/02/2002
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Addiction Medicine and Toxicology, has a subspecialty in Pediatrics and is licensed to practice in Massachusetts and New York. 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:

This is a 56 year old patient who suffered an injury on 7/2/2002. She complains of back pain. Her documented diagnoses include lumbar radiculitis, myofascial syndrome, chronic pain syndrome, prescription narcotic dependence, failed back syndrome, and depression. An MRI in August 2013 revealed that she has anterolisthesis and laminectomy defect L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 functional restoration phase of NESP-R program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** A functional restoration program (FRP) is not indicated at this time because it is documented that previous FRP did not result in any meaningful positive response. Also, as per MTUS guidelines, it should be noted that the benefit from FRP diminishes over time. This patient's injury happened in 2002; hence, it is highly unlikely that the FRP will be beneficial after more than 11 years. Therefore, the requested services are not medically necessary or appropriate.

**Buspar 15mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS guidelines do not address buspar and the indication for chronic pain. The ODG guidelines mention that anxiety from pain could be treated by buspar on a short-term basis. However, this patient has previously taken buspar. Her pain is persistent after a remote injury that happened in 2002 and it is highly unlikely that adding buspar will bring any positive outcomes to the patient's pain or activities of daily living. Therefore, buspar is not medically necessary or appropriate.

**Acupuncture for the lumbar spine (10 sessions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As per MTUS guidelines, acupuncture treatments may be extended if functional improvement is documented; however, as per the documents submitted, previous acupuncture sessions did not result in any meaningful improvement in functionality. Even though there is report of 2 days of pain relief after previous acupuncture session, that short relieved pain is not a ground for extended sessions of acupuncture. Therefore, 10 sessions of acupuncture are not medically necessary.