

Case Number:	CM13-0035275		
Date Assigned:	12/20/2013	Date of Injury:	12/30/2009
Decision Date:	02/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal Medicine, has a subspecialty in Cardiology 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 77-year-old male who reported a work-related injury on 12/30/2009, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: segmental instability at L4-5, spinal stenosis lumbar spine, grade 1 to 2 spondylolisthesis status post L3-4 fusion as of 2001, degenerative lumbosacral disc disease, and intervertebral disc displacement. The most recent clinical note submitted for review dated 12/12/2013 reports the patient was seen under the care of the [REDACTED]. The provider documents the patient is unable to ambulate and requires the use of an electric motor scooter for assistance. The provider documents the patient has severe thoracic and lumbar spine pain, and progressive weakness to the bilateral lower extremities. The provider documents the patient has severe pain, positive straight leg raise bilaterally, and requires support to stand. The provider documented the patient is a surgical candidate for his lumbar spine, which is pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 course of six sessions of acupuncture for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current request is not supported. Review of the clinical documents reports the patient had recently utilized acupuncture treatment for his chronic lumbar spine pain complaints. Evidence of any significant objective functional improvement status post recent acupuncture therapy was not evidenced in the clinical notes reviewed. California MTUS indicates time to produce functional improvement is 3 to 6 treatments. Given the lack of significant objective functional improvement with the most recent course of acupuncture, the current request is not supported.

Doxepin: 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): 13.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient currently presents with significant pain complaints about the lumbar spine. The patient's full medication regimen was not evidenced in the most recent clinical note submitted, nor was clear efficacy of the patient's medication regimen. Doxepin is a tricyclic antidepressant. California MTUS indicates antidepressants for chronic pain are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. However, given the lack of documentation evidencing the patient's reports of efficacy with his current medication regimen, specifically doxepin, the request for doxepin is not medically necessary or appropriate.