

Case Number:	CM13-0042926		
Date Assigned:	12/27/2013	Date of Injury:	01/18/2012
Decision Date:	04/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, has a subspecialty in Preventive 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 expert 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:

44 year old female claimant sustained a work related injury on 1/18/12 resulting in chronic back and left leg pain. An MRI in February 2012 showed right sided disc protrusion of the L4-L5 region. AMG testing did not show radiculopathy. An exam note on 1/9/13 indicated the claimant was on Dilaudid, Flexeril, Ibuprofen and Vicodin and had 6/10 pain. The exam was notable for lumbar facet loading and straight leg raising on the left side. A TENS unit trial was given, physical therapy for 6 visits and addition of Vicodin XR 100mg daily. From May to August 2013 the claimant completed over 6 sessions of acupuncture therapy. An exam note on 9/9/13 noted 6/10 pain while on Dilaudid, Flexeril, Ibuprofen and Vicodin. Objective findings included lumbar facet loading on the left side and tenderness on the right toe. She had been offered 6 sessions of acupuncture and additional Voltaren 100mg XR to her regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 TIME A WEEK FOR 6 WEEKS TO TREAT THE LUMBAR SPINE, QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: In this case, the claimant exceeded 6 treatments over more than 2 months of prior acupuncture therapy. Additional 6 treatments of acupuncture is not medically necessary.

VOLTAREN XR 100 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAID, 67

Decision rationale: The claimant has been on NSAIDs (Voltaren) for several months. There was no improvement in pain scale or objective findings related to his medicine. In addition the claimant had also combined it with opioids. The continued use of Voltaren is not medically necessary.