

Case Number:	CM13-0044533		
Date Assigned:	12/27/2013	Date of Injury:	11/15/2007
Decision Date:	03/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery 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. 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 29 year old male with a documented injury on November 15, 2007 has been treated for back and leg pain. He has been receiving acupuncture and had undergone 20 sessions which were documented to be beneficial. The claimant continues to require pain medications and works at a modified level of physical demand. Additional acupuncture twice a week for four weeks and Flexeril #90 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture two (2) times a week for four (4) weeks for the lumbar spine:

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Additional acupuncture twice a week for four weeks for the lumbar spine would be considered medically necessary and appropriate based on the records provided in this case and the CA MTUS Acupuncture 2009 Guidelines. The MTUS Acupuncture Guidelines support twenty four visits over two months, additional treatment may be extended if functional improvement is documented in terms of significant improvement in activities of daily living or

reduction of work restrictions. [REDACTED] authored a letter which documented a significant improvement in the claimant's ability to perform activities of daily living and a decrease in the need for narcotics. Therefore one more month of acupuncture is reasonable. Therefore additional acupuncture twice a week for four weeks for the lumbar spine would be considered medically necessary in this case.

Flexeril 7.5 mg #90: 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 Cyclobenzaprine Section, page 41 Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cyclobenzaprine Section

Decision rationale: Flexeril #90 would not be considered medically necessary based on the records and the CA MTUS Chronic pain 2009 Guidelines and supported by the Official Disability Guidelines (ODG). The MTUS Chronic Pain Guidelines and ODG support the use of Flexeril as an option using a course of therapy, no more than two weeks is recommended. The FDA prescribing guidelines specifically state the maximum duration is for two to three weeks total as a one month supply has been requested. Flexeril #90 cannot be certified in this case.