MAXIMUS Federal Services

Case Number:	CM13-0050901		
Date Assigned:	12/27/2013	Date of Injury:	03/21/1994
Decision Date:	03/24/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/13/2013

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 has a subspecialty in Pain Management 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 is a female patient with a date of injury of 3/21/94. A utilization review determination dated 11/4/13 recommends non-certification of Flexeril cream and additional acupuncture 8 sessions lumbar spine. A follow-up visit was certified x 1. A progress report dated 10/16/13 identifies subjective complaints including neck and back pain 7-8/10. Had 2 sessions of acupuncture. She was able to sleep better and housework was easier. She was previously able to go on 10-15 minute walks several times a week, and now can only go about once a week. This has increased her pain with radiation into her head, causing headaches. She has neck and low back pain with numbness, tingling, and pain down the BLE to the feet. Pain has worsened by 90% and is causing a drastic change in activity. Objective examination findings identify lumbar spine ROM severely limited because of pain. Tender to palpation left lumbar region and sciatic notch. Decreased sensation L4, L5, and S1 dermatomes on left. Tibialis anterior and EHL 3+/5 on the left, inversion, eversion, plantar flexors 4-/5 on left, diminished left Achilles reflex. SLR bilaterally at 30 degrees elicits radiation of pain and tingling down left leg to foot. Slump test positive bilaterally. Diagnoses include multilevel HNPs of the cervical spine; moderate to severe left neural foraminal narrowing at L4 and L5; grade I spondylolisthesis L4-5 and retrolisthesis L5-S1; L4 and L5 pedicle edema/stress reaction; cervical and lumbar radiculopathy. Treatment plan recommends "additional acupuncture once a week for 8 weeks for the patient as she has had decreased pain, increased sleep, she has been able to walk 8 blocks now vs 1 block before," transforaminal ESI, and Flexeril cream as she wasn't to avoid oral medications as they cause her GI upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril Cream: 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): 113.

Decision rationale: Regarding the request for Flexeril cream, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. In light of the above issues, the currently requested Flexeril cream is not medically necessary.

Additional Acupuncture of Eight (8) Sessions Lumbar Spine: Upheld

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: Regarding the request for additional acupuncture of 8 sessions lumbar spine, California MTUS supports a trial of 3-6 acupuncture sessions, with additional sessions supported only in the presence of functional improvement, defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." Within the documentation available for review, there is conflicting information. The most recent medical report notes that only 2 sessions have been completed, but there are at least 12 acupuncture sessions noted from the acupuncturist. The provider notes that, after 2 sessions, "she has had decreased pain, increased sleep, she has been able to walk 8 blocks now vs 1 block before," in another part of the medical report notes that she was previously able to go on 10-15 minute walks several times a week, and now can only go about once a week. As such, there is no clear documentation of functional improvement as defined by the CA MTUS. In light of the above issues, the currently requested additional acupuncture of 8 sessions lumbar spine is not medically necessary. â¿¿

Follow up Visit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and Neck/Upper Back Chapters, Office visits

Decision rationale: Regarding the request for follow-up visit, it should be noted that this request was certified x 1 in utilization review. California MTUS does not specifically address the issue. ODG supports the use of office visits as determined to be medically necessary. Within the documentation available for review, there is documentation of persistent symptoms/findings despite treatment. Follow-up visits are appropriate to monitor the patient's response to treatment and make appropriate modifications to the treatment plan. In light of the above, the currently requested follow-up visit is medically necessary.