

Case Number:	CM13-0052838		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2011
Decision Date:	03/20/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 57 year old female who reported injury on 03/11/2011. The mechanism of injury was not provided. The patient had 6 sessions of acupuncture and the patient was noted to show functional improvement by a score of 1 and 2%. The patient's score was previously 18 and 36%, and the patient now reported a score of 17 and 34%. The patient showed functional improvement in the areas of sitting, standing, and social life. The patient showed functional decrease in lifting and traveling. The patient's most recent physical examination revealed the patient had tenderness over the facet joints, trigger points over the bilateral trapezius, and tenderness over the cervical paraspinal, trapezius, and rhomboids. The patient had significant muscle spasms with related myofascial restrictions in right greater than left ISA. The patient's cervical spine range of motion was reduced in all planes. The patient indicated they were using a TENS unit, warm baths, Flexeril, and Terocin cream for symptomatic relief. The patient had pain and tingling into the right hand that was continuous and bothersome. It was indicated the patient benefitted from acupuncture in conjunction with medications and was able to work, manage pain levels, and mobility had improved, and the patient wished to continue with acupuncture. The diagnoses were noted to be thoracic back pain, degenerative disc disease in the thoracic region, dextroscoliosis in the thoracic region, thoracic facet arthropathy, fracture of the middle/proximal 3rd phalanx right middle finger closed, and sprain thoracic region. The request was made for Gabapentin to help with tingling and numbness and for continued acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Acupuncture Sessions 1x8 (Thoracic): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery and that acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the patient had 6 treatments previously. The patient was noted to have a functional improvement score of 1 and 2% on the Oswestry General Scale, with documented functional improvement in the areas of sitting, standing, and social life, and a functional decrease in lifting and traveling. However, there was a lack of documentation of objective, quantitative functional benefit received and that the patient had an objective clinically significant improvement in activities of daily living. Given the above, the request for CONTINUED ACUPUNCTURE SESSIONS 1X8 (THORACIC) is not medically necessary.

Neurontin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 49.

Decision rationale: California MTUS Guidelines indicate that Gabapentin is an anti-epileptic drug considered a first line treatment for neuropathic pain. The patient indicated they had pain and tingling in the right hand that was continuously bothersome. The physician indicated the medication would be 1 a day for 1 week, then 2 for one week, the 1 three times a day. However, there was a lack of documentation to support the necessity for 90 tablets without re-evaluation. Given the above, the request for prospective usage of Neurontin 300MG #90 is not medically necessary.