

Case Number:	CM13-0056464		
Date Assigned:	12/30/2013	Date of Injury:	09/06/2012
Decision Date:	03/31/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 48 year old male who reported an injury on 09/06/2012. The mechanism of injury was not specifically stated. The patient is diagnosed with enthesopathy of the hip region, bursitis of the hip, gluteal tendonitis, iliac crest spur, psoas tendonitis, and right hip sprain. The patient was seen on 10/09/2013. The patient reported increasing pain in the hip and lower back. The physical examination revealed painful range of motion with capsular tightness. Treatment recommendations include a prescription for Soma and authorization for acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture right hip qty: 9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 9 sessions of acupuncture treatment exceeds guideline

recommendations. Therefore, the current request cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Soma 350mg #30: 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): 63-66, 124.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment. Soma should not be used for longer than 2 to 3 weeks. Therefore, the current request for Soma 350 mg #30 exceeds guideline recommendations. There was no evidence of palpable muscle spasm or spasticity upon physical examination. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified