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| <b>Case Number:</b>   | CM14-0002213 |                              |            |
| <b>Date Assigned:</b> | 01/24/2014   | <b>Date of Injury:</b>       | 04/24/2013 |
| <b>Decision Date:</b> | 06/19/2014   | <b>UR Denial Date:</b>       | 01/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/07/2014 |

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 36-year-old female who reported an injury on 12/1/12 secondary to a mechanism of injury that was not provided for review. She was approved for four sessions of acupuncture on 6/14/13, and she was also treated with medications. The injured worker was evaluated on 12/12/13 and reported 8-9/10 back pain. Medications were noted to include Norco 10/325mg and topical creams. The clinical documentation noted the injured worker to have decreased range of motion of the lumbosacral spine. She was diagnosed with lumbar radiculopathy. The injured worker was recommended for eight sessions of acupuncture, a refill of Norco and a new prescription of 90 Neurontin 300 mg. She was also recommended for a pain management consult for the lumbosacral spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2X4WEEKS:** 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:** The California MTUS Acupuncture Medical Treatment Guidelines may recommend acupuncture as an adjunct to physical rehabilitation to hasten functional recovery.

The most recent clinical note fails to document detailed evidence of significant functional deficits with regard to strength, specific range of motion values, and activities of daily living. Therefore, the necessity of acupuncture has not been established for the injured worker's current condition. Additionally, the injured worker was previously approved for four sessions of acupuncture. The guidelines recommend 3-6 initial treatments of acupuncture and state that treatments may be extended if functional improvement is documented as defined by a clinically significant improvement in activities of daily living, a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The Request for Authorization indicates that the initial treatment of acupuncture had not been initiated. Therefore, without first going through an initial treatment of acupuncture, additional acupuncture cannot be recommended. As such, the request is not medically necessary.

**PAIN MANAGEMENT REFERRAL FOR LOW BACK:** Upheld

**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 AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 3RD EDITION, (2011), CHAPTER 6, PAGES 163.

**Decision rationale:** ACOEM Guidelines state that if a diagnosis is uncertain or complex, the occupational health physician may refer an injured worker to other specialists for an independent medical assessment. These guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss, and/or the examinee's fitness for return to work. The injured worker reported back pain and was diagnosed with lumbar radiculopathy. There are no exceptional factors documented to indicate that the diagnosis is uncertain or complex. The documentation submitted for review fails to indicate a clear rationale to warrant a referral for pain management. It is unclear from the medical records provided that the injured worker is unable to benefit from ongoing treatment by her primary treating physician. As such, the request is not medically necessary.

**NEURONTIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIEPILEPSY DRUGS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS) Page(s): 18-19.

**Decision rationale:** The California MTUS Guidelines state that Gabapentin (Neurontin) has been considered a first-line treatment for neuropathic pain and may be recommended in a 3-8 week trial for titration. At the most recent clinical visit, the injured worker reported 8-9/10 back pain. There were no legibly documented subjective or objective findings of radiculopathy or

neuropathic pain. Therefore, it is unclear that the injured worker's current pain condition would benefit from Neurontin. Furthermore, the request as written does not include a dose, frequency, or quantity; therefore, it cannot be assumed that the requested medication allows for appropriate titration and timely reassessment of medication efficacy. As such, the request is not medically necessary.