

Case Number:	CM14-0003307		
Date Assigned:	01/31/2014	Date of Injury:	05/23/2000
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine 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 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:

Treatment to date has included oral analgesics, cervical spine surgery, physical therapy, and acupuncture. Medical records from 2013 were reviewed and showed chronic low back pain. In light of urinary urgency and incontinence, the patient was thought to have cauda equina syndrome and was referred to a spinal surgeon. The patient also complains of neck pain due to a recent car accident. Physical examination showed tenderness over the lower lumbar region; mild weakness of the left lower extremity; a positive straight leg raise at 60 degrees with pain that radiates down to the left buttock, calf and leg; and diminished pin prick sensation in the left L5 dermatome. The patient was diagnosed with neck sprain, chronic low back pain and L5-S1 disc degeneration with broad-based disc protrusion and nerve root compression at L5-S1. The utilization review dated December 31, 2013 denied the requests for acupuncture 2 times a week for 4 weeks for the cervical spine because there was no clinical evidence of medical necessity based on pain/objective findings of a recent flare/exacerbation; and purchase of 1 body pillow because it is not referenced as needed for any specific medical condition to aid recovery or management of any post surgical region or reported flare/exacerbation. Acupuncture treatment for the cervical spine was requested on a trial basis to increase ADLs, and to provide functional improvement and restoration. A body pillow was requested as well; however the indication for which was not mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE (2) TIMES A WEEK FOR (4) WEEKS FOR THE CERVICAL SPINE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation to hasten functional recovery. The time to produce functional improvement is after 3-6 treatment sessions with an optimum duration of 1-2 months. In this case, there is limited information regarding the description and intensity of the cervical pain. The patient had previous acupuncture sessions based on a progress report dated July 29, 2013; however the reponse to the treatment and the body part treated were not discussed. Moreover, there was no evidence of treatment failure with pain medications. Therefore, the request for acupuncture (2) times a week for (4) weeks for the cervical spine is not medically necessary.

PURCHASE OF 1 BODY PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Chapter; Mattress Selection Section

Decision rationale: The California MTUS does not address this topic. The Official Disability Guidelines (ODG) Low Back Chapter was used instead. The guideline state that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In this case, the patient complains of neck and low back pain. However, the indication for the requested body pillow was not discussed. The guideline states that there is no evidence to support the purchase of cushions as treatment because selection of such is subjective. Moreover, there were no documented pressure ulcers in this patient that may require special support surfaces. The medical necessity has not been established. Therefore, the request for purchase of 1 body pillow is not medically necessary.