

Case Number:	CM14-0103657		
Date Assigned:	09/16/2014	Date of Injury:	02/11/2009
Decision Date:	10/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/06/2014

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 Ohio. 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 71-year-old female who reported an injury on 02/11/2009, while assisting a coworker transfer a patient, she lost her balance and fell due to a wet floor; hitting her head and back on a nightstand. The injured worker complained of lower back pain and left lower extremity pain with a rate of pain 7/10 using the VAS. The medications included Gabapentin, Naproxen, Pantoprazole, Cyclobenzaprine and Tramadol. The diagnoses included pain in the joint of pelvic region and thigh, thoracic or lumbosacral neuritis or radiculitis, sprain/strain to the lumbar region and sacroiliitis not elsewhere classified. The diagnostic studies included a nerve conduction velocity study dated 03/10/2014, to the lower extremities which revealed decreased bilateral tibial motor amplitudes and absent bilateral peroneal motor responses. The prior treatments included acupuncture, chiropractic therapy, physical therapy, pain medication, ice, heat and exercise. The physical examination dated 05/27/2014, of the lumbar spine revealed range of motion was restricted with flexion limited at 40 degrees, secondary to pain, and extension limited to 10 degrees, secondary to pain. On palpation the paravertebral muscles revealed tenderness bilaterally. Spinous process tenderness was noted at the L3, L4 and L5. Straight leg raising test was positive bilaterally at 90 degrees in the sitting position. The motor examination test was limited by pain with knee flexors 5/5 bilaterally. Sensory examination revealed light touch sensation was decreased over the L5-S1 dermatomes to the left. The treatment plan included additional acupuncture, Gabapentin, and chiropractic therapy along with a back brace. The Request for Authorization dated 06/23/2014, was submitted with documentation. The MRI revealed a bulging disc at the L4-5 and the L5-S1 with signs of moderate joint arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for lumbar back brace #1 is not medically necessary. The California MTUS does not address. The ACOEM Guidelines state evidence is insufficient to support using vertebral axial decompression for treating lower back injuries. It is not recommended. There is no medical indication that a back brace would assist the treatment for the injured worker. As such, the request is not medically necessary.

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for Gabapentin 600 mg #90 is not medically necessary. The California MTUS Guidelines state Gabapentin has been shown to be effective for diabetic pain neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The documentation did not indicate that the injured worker had a diagnosis of diabetic neuropathy or postherpetic neuralgia. The request did not indicate the frequency. As such, the request is not medically necessary.

Chiropractic treatment lumbar spine #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic treatment lumbar spine #6 is not medically necessary. The California MTUS Guidelines state that chiropractic for chronic pain that is caused musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic and objective measurable gains, functional improvement that facilitates progression in a patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement a total of 18 visits over 6 weeks. There was a lack

of documentation indicating the injured worker had significant objective functional improvement with the prior therapy and a lack of documentation indicating how many visits or sessions the injured worker had obtained previously. As such, the request is not medically necessary.

Acupuncture lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture lumbar spine is not medically necessary. The California MTUS indicates that acupuncture is used as an option when pain medication is reduced or not tolerated, it must be used as an adjunct with physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as the following: The time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times a week and an optimum duration of 1 to 2 months. In the 11/04/2013 clinical notes the provider indicated that the injured worker had acupuncture times 2 months with some relief in pain. The clinical notes dated 05/27/2014, indicated that the injured worker had 5 out of the 8 sessions with acupuncture. The recommended treatments are 3 to 6 treatments, exceeding the amount of treatments allowed. The clinical notes did not provide any documentation of functional improvement. As such, the request is not medically necessary.