

Case Number:	CM14-0011336		
Date Assigned:	02/21/2014	Date of Injury:	11/23/2010
Decision Date:	08/06/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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:

This is a 39-year-old male with a 11/23/10 date of injury. The exact mechanism of injury was not described. On 12/24/13, the patient had low back pain that radiated to both legs, as well as radiating neck pain. The pain level was 9/10 without the pain medications and 8/10 with medications. The acupuncture was helping the patient. Objective exam shows a positive straight leg raising test on the left and an antalgic gait. On 11/26/13, it is noted that the provider is requesting an additional 6 acupuncture sessions. On 9/30/13, it was noted that the patient would like to try acupuncture, and 6 initial sessions were authorized. A urine drug screen on 7/29/13 was positive for opiates. Diagnostic Impression: Lumbar Radiculopathy, Neck Pain. Treatment to date: acupuncture, medication management, activity modification. A UR decision dated 1/17/14 denied the request for additional acupuncture since the objective functional changes are not noted. Norco was denied because it only decreased his pain from a 9/10 to an 9/10. There is no documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE X 6 VISITS FOR LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter pg 114.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, from the records provided, it is noted that the patient has had a total of 6 initial acupuncture sessions. Although it is noted that the patient found them helpful, there is no clear description of a significant improvement in activities of daily living or work restrictions. In addition, the patient still had 8-9/10 pain despite opiate medication and the acupuncture. Therefore, the request for Additional Acupuncture x 6 sessions for the Low Back was not medically necessary.

NORCO 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no description of functional improvement or gains in activities of daily living from the use of Norco. The patient's pain level without the medication is 9/10, and it only goes down to an 8/10 with the use of Norco, which does not indicate analgesia or pain relief from the current medication regimen. There is no documentation of an opiate pain contract or CURES monitoring. Therefore, the request for Norco 10/325 #120 was not medically necessary.