

<b>Case Number:</b>	CM14-0017135		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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. 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 50-year-old female who reported an injury on 07/31/2013. The injured worker reportedly stepped in a hole with her right foot, causing a twist of the lower back and the bilateral lower extremities. The current diagnoses include right lower extremity RSD, a right foot and ankle sprain, right foot 1st metatarsal bone injury, right knee sprain, bilateral SI joint dysfunction, low back pain and possible right side radiculopathy. The injured worker was evaluated on 01/09/2014. The injured worker has been previously treated with physical therapy and a cortisone injection. It was noted that the injured worker refused lumbar sympathetic ganglion blocks, acupuncture and steroid injections. The injured worker reported persistent pain in the right lower extremity and the left buttock area. Physical examination was not provided on that date. The treatment recommendations included aquatic therapy for 6 weeks, acupuncture, and initiation of Lyrica 50 mg twice per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ACUPUNCTURE SESSIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines state that 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. Therefore, the current request for 12 acupuncture sessions exceeds the guideline recommendations. There was also no specific body part listed in the current request. As such, the request is not medically necessary and appropriate.

**AQUATIC THERAPY X 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. There was no physical examination provided on the requesting date of 07/31/2013. Therefore, there is no indication that this injured worker requires reduced weightbearing as opposed to land-based physical therapy. Additionally, there was no specific quantity listed in the request. As such, the request is not medically necessary and appropriate.

**PRESCRIPTION FOR LYRICA 50MG BID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

**Decision rationale:** The California MTUS Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia. There was no physical examination provided for review. Therefore, there was no objective evidence of neuropathic pain. There was also no quantity listed in the current request. As such, the request is not medically necessary and appropriate.