

Case Number:	CM14-0121349		
Date Assigned:	08/06/2014	Date of Injury:	02/25/2003
Decision Date:	09/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/31/2014

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, has a subspecialty in Pain Medicine 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 55-year-old female with a reported date of injury on 02/25/2003. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical and lumbar herniated disc. Her previous treatments were noted to include acupuncture, home exercise program, heat/ice, and medications. The progress note dated 06/02/2014 revealed complaints of pain to the thoracic and lumbar spine. The injured worker indicated she had spasms and at times, stiffness. The injured worker denied numbness or tingling to the lower extremities; but reported pain that radiated to the right gluteal region. The physical examination of the thoracic spine noted tenderness that was palpable with limited range of motion. The physical examination of the lumbosacral spine revealed tenderness and spasm that were palpable over the paravertebral musculature bilaterally. There was decreased range of motion. The straight leg raise test produced pain in the lumbar spine bilaterally. The provider indicated that the injured worker's medications included Soma, hydrocodone, and Fioricet. The provider indicated the injured worker had relief with acupuncture treatments in the past. The Request for Authorization form dated 06/02/2014 was for acupuncture for chronic pain, follow-up office visit for evaluation, physical therapy evaluation to teach independent home exercise program for core strengthening and stretching, and future drug testing; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visit, cervical and lumbar spine QTY;1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The injured worker complains of neck and low back pain. The MTUS ACOEM Guidelines state patients with potentially work related low back complaints should have follow-up every 3 to 5 days by a mid level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make sure these sessions are interactive so that the patient is fully involved in his or her recovery. If the patient does return to work, these interactions may be conducted on site or by telephone to avoid interfering with modified or full work activities. Physician follow-up can occur when a released to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every 4 to 7 days if the patient is off work and 7 to 14 days if the patient is working. The previous requests have been non-certified and therefore, an additional office visit is not necessary. Therefore, the request for Follow-up office visit, cervical and lumbar spine QTY: 1.00 is not medically necessary.

Future urine drug testing QTY;1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, steps to avoid misuse/abuse Page(s): 43, 94.

Decision rationale: The injured worker had a previous urine drug screen in 10/2013. The Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. The Guidelines state for patients at high risk for abuse to utilize a urine toxicology screening. The injured worker's pain medication regimen consists of Soma, hydrocodone, and Fioricet; however, there is a lack of documentation regarding frequency and there is no indication what medicines are to be prescribed in the future. Therefore, the request for Future urine drug testing QTY: 1.00 is not medically necessary.

Additional acupuncture treatments twice weekly for 8 weeks. Cervical and lumbar spine QTY;16.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has had previous acupuncture sessions. The Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasms. The Guidelines state the frequency and duration of acupuncture with time to produce functional improvement is 3 to 6 treatments, with the frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding previous acupuncture treatments with objective functional improvement and number of sessions completed. Therefore, due to the lack of documentation regarding number of sessions completed and objective functional improvements with previous acupuncture, acupuncture is not appropriate at this time. Additionally, the request for 16 sessions of acupuncture exceeds Guideline recommendations. Therefore, the request for Additional acupuncture treatments twice weekly for 8 weeks cervical and lumbar spine QTY; 16.00 are not medically necessary.

Physical therapy evaluation and 4 visits of unspecified frequency, cervical and lumbar spine QTY;4.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: The injured worker has been utilizing a home exercise program. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The Guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding physical therapy visits, if any, that the injured worker has completed in the last 12 months and what body parts have been treated. There is a lack of documentation regarding quantifiable objective functional improvements with previous physical therapy and the documentation indicated the injured worker was on an independent exercise program. Therefore, due to the lack of documentation regarding previous physical therapy sessions with objective functional improvements, and the injured worker is already on an independent home exercise program, physical therapy is not appropriate at this time. As such, the request for physical therapy evaluation and 4 visits of unspecified frequency, cervical and lumbar spine QTY; 4.00 is not medically necessary.