

Case Number:	CM14-0133964		
Date Assigned:	08/25/2014	Date of Injury:	03/09/2011
Decision Date:	12/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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 45 year old female patient who sustained a work related injury on 3/9/11. The exact mechanism of injury was not specified in the records provided. The current diagnoses include lumbar spine herniated nucleus pulposus, sleep deprivation, stress, anxiety, and depression. Per the doctor's note dated 8/19/14, patient has complaints of constant and severe lower back pain that radiates into her left lower extremity with numbness and tingling to her feet, stress, anxiety, and depression. She walked with a brace and ambulated slowly. Physical examination revealed muscle spasm, limited ROM, positive SLR, 2+ reflexes and decreased sensation. The medication lists include Bisacodyl, Motrin, Tramadol, Valium, Norco and Flexeril. The patient has had MRI of the lumbar spine on 01/27/13 that revealed hemangioma at L2 vertebral body, disc desiccation at L2-3 down to L5-S1, L5-S1 disc herniation of 1.3 mm in neutral and flexion and 2.7 mm in extension which causes bilateral neuroforaminal narrowing and spinal canal narrowing; EMG, NCV of the lumbar spine of both lower extremities on 06/26/12 that was within normal limits. The patient had received diagnostic facet blocks L4-5 and L5-S1. The patient has received an unspecified number of physical therapy and acupuncture visits for this injury. The patient has used a TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the CA MTUS Acupuncture medical treatment guidelines cited below 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 and/or surgical intervention to hasten functional recovery." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Patient has received an unspecified number of acupuncture visits for this injury. The requested additional visits in addition to the previously certified acupuncture sessions are more than the recommended by the cited criteria. The prior acupuncture therapy visit notes were not specified in the records provided. There was no evidence of significant ongoing progressive functional improvement from the previous acupuncture visits that was documented in the records provided. Patient has received an unspecified number of physical therapy visits for this injury. Response to any prior rehabilitation therapy including physical therapy/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity, of 6 acupuncture sessions is not fully established.

1 follow-up visit with pain management specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The current diagnoses include lumbar spine herniated nucleus pulposus, sleep deprivation, stress, anxiety, and depression. Per the doctor's note dated 8/19/14, patient has complaints of constant and severe lower back pain that radiates into her left lower extremity with numbness and tingling to her feet, stress, anxiety, and depression. She walked with a brace and ambulated slowly. Physical examination revealed muscle spasm, limited ROM, positive SLR, 2+ reflexes and decreased sensation. The patient has had MRI of the lumbar spine on 01/27/13 that revealed hemangioma at L2 vertebral body, disc desiccation at L2-3 down to L5-S1, L5-S1 disc herniation of 1.3 mm in neutral and flexion and 2.7 mm in extension which causes bilateral neuroforaminal narrowing and spinal canal narrowing. The patient had received diagnostic facet blocks L4-5 and L5-S1. There are psychosocial factors present including anxiety and depression. The patient is taking

controlled substances like Norco. This is a complex case. A 1 follow-up visit with pain management specialist is deemed medically appropriate and necessary.