

Case Number:	CM14-0176395		
Date Assigned:	10/29/2014	Date of Injury:	09/13/2012
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53-year-old male with an injury date of 09/13/2012. Based on the 05/08/2014 progress report, the patient complains of having back pain and right leg pain. He describes his pain as being aching and stabbing. The patient ambulates using a cane. There is lumbar lordosis, pain to palpation over the L4-L5, pain over the L4-L5 with palpable spasms in the paraspinal muscles, and limited range of motion secondary to pain. There is slight diminished sensation in the classic right L5 distribution, in the buttock, and posterior and lateral aspect of the thigh and right leg to the dorsum of the right foot. Straight leg raise is positive on the right side and extension at 90 degrees causes pain radiating into the right foot. The 10/02/2014 report states that the patient's back pain and right leg pain is improving due to acupuncture. He is experiencing significant back pain radiating into his right leg. He rates his pain as an 8-10/10. The patient's diagnoses include the following: 1. Right L4-L5 disk herniation/protrusion, worsening pain despite conservative care for almost 1 year including physical therapy, medications, modification of activities, epidural injection. 2. Radiculopathy/radiculitis right lower extremity. 3. Annular tear L4-L5, L5-S1. 4. Cervical sprain/strain. Evaluate for possible disk protrusion due to the patient's neck pain radiating into the right upper extremity. He informs me that he has had these symptoms since the surgery. However, his back is hurting more and he would like the pain to be treated first. He has had physical therapy for his neck. He also does have pain in the mid-back area as well and this may represent, indeed, also some disk pathology in the mid-back. Again, at this point, I would recommend conservative care including physical therapy. The utilization review determination being challenged is dated 10/14/2014. Treatment reports were provided from 05/08/2014, 07/10/2014, and 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twelve (12) visits (1x12): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 10/02/2014 progress report, the patient complains of having back pain and right leg pain. The request is for acupuncture 12 visits. The 10/02/2014 report states "acupuncture has been very helpful. The patient has been receiving 1 treatment per week. He has had about 12 visits. His pain level has decreased by 10%. He has been able to reduce his Percocet for several times a day to 1 pill every other day or so. Improving back pain and right leg pain due to acupuncture." MTUS acupuncture Guidelines recommend initial trial of 3 to 6 sessions of acupuncture. Additional treatments are recommended if the initial trial proves to be helpful in terms of functional improvement. In this case, the patient has already had 12 sessions of acupuncture with documented improvement. He has been able to reduce his medication as well as reduce his pain level. Therefore, the request is medically necessary.

Percocet 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88,89.

Decision rationale: According to the 10/02/2014 progress report, the patient complains of having lower back pain and right leg pain. The request is for Percocet 5/325 mg. The 05/08/2014 report states "the patient takes several Percocet's per day and this is helping reduce the pain." The 07/10/2014 report also states "the patient takes several Percocet's per day and this is helping reduce the pain." The 10/02/2014 report states "his pain level has decreased by 10%. He has been able to reduce his Percocet from several times a day to 1 pill every other day or so. The patient takes several Percocet's per day and this is helping reduce the pain." MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of the pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the treater does not discuss any changes in ADLs due to Percocet use. There were no pain scales to show analgesia, no side effects documented, and no aberrant drug-seeking behavior documentation. The 10/02/2014 urine toxicology reveals that the

patient is inconsistent with his intake of THC and Oxycodone. The request is not medically necessary.

LSO Lumbar Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, low back pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Lumbar supports

Decision rationale: According to the 10/02/2014 progress report, the patient complains of having lower back pain and right leg pain. The request is for a LSO lumbar brace. ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." ODG Guidelines also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). Given the lack of ACOEM and ODG Guidelines support for the use of lumbar bracing, the request is not medically necessary.