

Case Number:	CM14-0181239		
Date Assigned:	11/05/2014	Date of Injury:	07/14/2008
Decision Date:	12/12/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/30/2014

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:

The claimant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; topical compounds; and work restrictions. In a Utilization Review Report dated October 9, 2014, the claims administrator failed to approve a request for eight sessions of acupuncture and Lidoderm patches. Non-MTUS ODG Guidelines invoked alongside MTUS Guidelines to deny the request for lidocaine patches, despite the fact that the MTUS addressed the topic. The claims administrator suggested that the applicant had had eight prior sessions of acupuncture previously approved, but had only completed three of the same. The claims administrator suggested that the applicant should complete the previously authorized acupuncture before additional acupuncture was sought. The claims administrator seemingly incorrectly stated that there was a 24-session cap on acupuncture established in the MTUS. The applicant's attorney subsequently appealed. In a progress note dated September 23, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg. It was stated that acupuncture had generated some fleeting pain relief in the past. Eight additional sessions of acupuncture were sought. The applicant was given a Toradol and asked to employ lidocaine patches on a trial basis. A 35-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was, in fact, working or not with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, the sole progress report provided dated September 23, 2014, contained no reference to the applicant's having previously tried and/or failed first line oral antidepressant adjuvant medications and/or anticonvulsant adjuvant medications before the lidocaine patches at issue were introduced. Therefore, the request is not medically necessary.

Continue acupuncture 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.20f.

Decision rationale: The request in question does represent a renewal request for acupuncture. While MTUS 9792.24.1.d does acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there is no clear or compelling evidence of functional improvement as defined in section 9792.20f, despite completion of at least three prior sessions of acupuncture. There is no evidence that the applicant's work restrictions are being lessened or loosened from visit to visit. The September 23, 2014 progress note, referenced above, was the sole clinical note on file. There is no evidence that earlier acupuncture had significantly diminished the applicant's medication consumption. The applicant was given a Toradol injection on September 23, 2014, and claimed that acupuncture had not generated any lasting analgesia. There was no evidence that acupuncture had resulted in the applicant's medication consumption being diminished. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.