

Case Number:	CM14-0026553		
Date Assigned:	06/13/2014	Date of Injury:	03/25/2009
Decision Date:	12/26/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 New Jersey & New York. 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 52 year-old female who was injured on 3/25/09. She complaints of lower back pain radiating to her legs. She complaints of left upper extremity numbness and lower extremity numbness. She was diagnosed with chronic lumbar back pain, chronic cervicgia, lumbar disc displacement, cervical disc displacement, recurrent myofascial strain along left hip, left shoulder arthralgia, neuropathic pain, reactive anxiety, and depression. She had an L5-S1 discectomy and decompressive surgery in 1/2010. A 12/2012 left shoulder MRI showed slight rotator cuff tear and cervical MRI showed right C4 nerve root irritation by facet hypertrophy and multilevel degenerative disc changes. She completed a functional restoration program with significant improvement and continues her home exercises. She had lumbar epidural steroid injections with significant improvement. Her medications included anti-inflammatories, antiepileptics, opioids, muscle relaxants, and Lidoderm patches. She also had acupuncture with improvement in pain. In 1/2014, she was documented to have painful restricted cervical, left shoulder, left hand, and lumbar range of motion. She has decreased sensation in left hand. She has decreased reflexes and strength bilaterally. The current request is for acupuncture and neurology consults.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 Sessions for the Lumbar, Hips and Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for continued acupuncture is not medically necessary. There is no documentation of improvement in function as a result of the previous acupuncture. According to MTUS functional improvement means either significant improvement in ADL's or a reduction in work restrictions as measured during the history and physical. It is medically unnecessary to continue acupuncture if it did not provide any documented objective benefits. The patient's pain was a 5/10 with acupuncture. There were vague general comments that the patient was doing "well" after treatments and had a "positive response" with better function. She was able to relax more and have less pain at night with acupuncture. She was able to reduce frequency of medications but improvement in function (e.g. ability to perform activities of daily living, etc) was not documented objectively. Therefore, the request is considered not medically necessary.

Neurology Consultation for the Lumbar, Hips and Neck: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 180.

Decision rationale: The request for a neurology consult is medically necessary. The patient had numbness of upper and lower extremity with documented decreased sensation of her hand. There was improvement with conventional therapy however, paresthesias persisted. As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with. Treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms and unresolved radicular symptoms after receiving conservative treatment. The UR stated there was no documentation of neurological complaints and findings on exam. However, documentation was provided and therefore, the request is considered medically necessary.