MAXIMUS Federal Services

Case Number:	CM14-0035951		
Date Assigned:	06/23/2014	Date of Injury:	05/24/2013
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 40 year old male who was injured from 2/13 to 5/24/13. He was diagnosed with lumbosacral sprain/strain with radiculopathy, lumbar disc disease, and right eye blurry vision due to a previous chemical exposure. He was treated with acupuncture (23 visits), physical therapy, oral analgesics including opioids and NSAIDs, muscle relaxants, topical analgesics, modification in activity. Notes from the acupuncturist state that the worker had improvement with treatments, improving pain and function, but only up to 10%, reportedly. EMG/NCV studies were found to be normal on 7/22/13. MRI lumbar spine was done on 10/1/13 revealing annular fissure at L5-S1, disc desiccation at L3-L4 and L5-S1, L5-S1 moderate disc protrusion causing stenosis of the spinal canal and bilaterally neural foramen. Progress notes from the prior few months preceding the request included that the worker was taking Flexeril, Anaprox, and Prilosec for his chronic low back pain, and that his pain level of this lower back was at a 6-7/10 on the pain scale with his then current treatment plan. A request was made 2/18/14 for acupuncture and referrals to a pain specialist and orthopedics.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK TIMES (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. Although the acupuncturist measured slight pain and functional benefit with the treatments, an unbiased objective report by the primary treating physician is needed to justify continuation of acupuncture in this worker. Therefore, the acupuncture two times a week for four weeks is not medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Evaluation and ManagementOfficial Disability Guidelines (ODG): Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124, 77, 81. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) p. 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. It appears that after reviewing the documents provided for this worker's case, a number of conservative treatments have been used and pain levels still remain in the moderate range. A referral to a pain specialist might reveal options not attempted before, including epidural injections or different medication combinations, which the worker would most likely qualify for, based on the subjective and objective evidence. Pain management consultation is medically necessary.

Referral to General Orthopedist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Evaluation and ManagementOfficial Disability Guidelines (ODG): Low Back Chapter.

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), p. 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. It is unclear as to why the general orthopedist was requested to be consulted in this worker's case. No evidence was found in the documents provided for review revealing any indication for such, and therefore the orthopedic consultation is not medically necessary.