

Case Number:	CM14-0040450		
Date Assigned:	06/27/2014	Date of Injury:	04/23/2013
Decision Date:	08/25/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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:

This 46 year old patient had a date of injury on 4/23/2013. The mechanism of injury was when the patient was assisting a passenger in large wheelchair, which required him to reach down and under while the aisle under the chair, in order to secure and pull the straps with force. He immediately felt a pop in low back and severe low back pain. On a progress report dated 3/10/2014, he complaints of low back pain which awakes him at night. Objective findings include tenderness upon palpation to right L5-S1, right sciatic notch, right posterior thigh and right posterior calf. Diagnostic impression shows lumbar spine strain, lumbar spine right sided radiculopathy. Treatment to date: medication therapy, behavioral modification. A UR decision on 3/24/2014 denied the request for Ativan 1mg #30 stating it was not known how long patient has been taking this medication which is intended for short term use for treatment of anxiety. Additional acupuncture to lumbar spine x6 was denied, stating there was no evidence there was any significant functional benefit in terms of improvement in ADLs and/or progress towards returning to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In a progress note dated 12/23/2013, it was noted that the patients medication regimen included Ativan 1mg, which far exceeds the recommended guideline use of 4 weeks. No rationale was provided as to necessity of continuing this medication. Therefore, the request for Ativan 1mg #30 was not medically necessary.

Additional acupuncture to lumbar spine 1x6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In a progress note dated 3/10/2014, it was noted that the patient has completed 6 out of 6 session of acupuncture treatment and states it was beneficial. Furthermore, the patient mentions the pain to decrease from 10/10 to 8/10 after acupuncture treatment. Therefore, the request for additional acupuncture treatment to lumbar spine x6 is medically necessary