

Case Number:	CM14-0047936		
Date Assigned:	07/02/2014	Date of Injury:	09/04/2011
Decision Date:	09/08/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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 patient is a 51-year-old female, who has submitted a claim for sprain in the lumbar region associated with an industrial injury date of 9/4/2011. Medical records from 2013 to 2014 were reviewed showing that patient complained of low back pain, right buttock and hip pain. The pain radiates down her right leg and is rated at 9/10. Physical examination revealed tenderness over the right sacroiliac joint and greater trochanter. There is pain with extension of the lumbar spine and marked myofascial tenderness over the quadratus lumborum, gluteal muscles and piriformis muscles. The patient has an antalgic gait and uses a walker to ambulate. Treatment to date has included oral analgesics, opioid medications and physical therapy. Utilization review from 3/25/2014 denied the request for DME: Walker, Black Nitro Rollator by Drive Medical because patient currently has a walker thus, the request is not supported and not medically necessary. The same review denied the request for a specialist consultation because the documentation does not support the need for additional specialist involvement. The request for Acupuncture, 12 sessions was also denied because the documentation does not meet guideline criteria as the patient continues to take several opiates for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Walker, Black Nitro Rollator by Drive Medical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Leg, Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG SECTION, WALKING AIDS.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that disability, pain, and age-related impairments seem to determine the need for a walking aid, i.e., walker. In this case, medical records submitted showed that the patient currently utilizes a walker. The medical necessity for another walker has not been established. Therefore, the request for DME: Walker, Black Nitro Rollator by Drive Medical is not medically necessary.

Consult/Referral: Upheld

Claims Administrator guideline: The Claims Administrator 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) Chapter 7, Page 127.

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) Chapter 7, Page 127.

Decision rationale: ACOEM guidelines indicate that the occupational health practitioner may refer to other specialists 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. Additionally, it states that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. In this case, the documentation submitted does not indicate that a referral to a specialist is necessary. The patient did not meet the criteria from the guidelines specified. The medical necessity has not been established. Therefore, the request for Consult/Referral is not medically necessary.

Acupuncture 12 sessions on the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation

and/or surgical intervention to hasten recovery. In this case, the patient has been prescribed with Oxycodone, an opioid/narcotic analgesic, since at least October 2013. Documentation submitted does not show any evidence of intolerance to oral medications. There is no documented indication for the requested treatment. The medical necessity for acupuncture has not been established. Therefore, the request for acupuncture 12 sessions on the lumbar is not medically necessary.