

Case Number:	CM14-0051180		
Date Assigned:	07/07/2014	Date of Injury:	11/04/2013
Decision Date:	09/16/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 52 year old male who sustained an injury on 11/04/13 while helping to lift a heavy object weighing approximately 100 pounds. The injured worker developed complaints of low back pain and was initially treated with anti-inflammatories and muscle relaxers and referred to physical therapy. The injured worker was seen on 03/11/14 with continuing complaints of pain in the left knee and lumbar spine. The injured worker was ambulating with an antalgic gait. The physical examination was difficult to interpret due to handwriting and copy quality; however, there did appear to be spasms and tenderness to palpation of the lumbar spine. Follow up on 05/21/14 noted continuing complaints of low back pain with straight leg raising positive to the left. There was continuing tenderness to palpation in the lumbar spine. The injured worker was recommended for electrodiagnostic studies at this evaluation. The requested acupuncture 2 x a week for 3 weeks for the low back as well as Norco 2.5/325 mg #60 were both denied by utilization review on 04/08/14.

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 for three (3) weeks for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In regards to the request for acupuncture for 6 sessions, this reviewer would not have recommended this request as medically necessary. It is noted in the prior utilization report that the request was modified for an initial trial of 4 sessions of acupuncture therapy which is consistent with current evidence based guidelines. The injured worker does have complaints of continuing low back pain with tenderness to palpation and spasms. Acupuncture therapy is a recommended modality in the current evidence based guidelines; however, a short trial is recommended to determine the efficacy and functional improvement obtained with therapy before ongoing sessions would be indicated. This reviewer would not have recommended the submitted request as medically necessary.

Norco 2.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Norco 2.5/325 mg #60, this reviewer would not have recommended this request as medically necessary. It is noted that the prior utilization report modified the request to a quantity of 30 only. This reviewer does agree with the prior utilization report's modification of Norco to a quantity of 30 only. The clinical documentation submitted for review did not establish any clear ongoing efficacy of Norco that would have supported its continuing use as recommended by guidelines. Therefore, this reviewer would not have recommended this request as submitted as medically necessary.