

Case Number:	CM14-0053027		
Date Assigned:	07/07/2014	Date of Injury:	12/26/2013
Decision Date:	08/20/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 65-year-old male who reported an injury to his back while stocking cases of wine on 12/26/2013. The injured worker's treatment history included lumbar facet injections, medications, chiropractic treatment, surgery, and MRI. The injured worker was evaluated on 06/19/2014 and it was documented that he had lower back pain. On 05/23/2014 the injured worker had lumbar facet joint injections on both sides which improved pain by 70%. It was noted that injured worker's range of motion had increased and he was taking less pain medication after the procedure. He rated his pain level at 2/10. The physical examination of the lumbar spine revealed normal curvature, no limitation in the range of motion, and normal heel and toe walk. The FABER, pelvic compression, and Babinski's sign were all negative. The provider noted that the injured worker was to continue with home exercise program and a healthy diet. The diagnoses included lumbar degenerative disc disease, lumbar spondylosis, and lumbar spine pain. The medications included Lisinopril 20 mg, Sertraline HCL 50 mg and Simvastatin 40 mg. The injured worker had completed 12 sessions of chiropractic therapy. The request for authorization dated 03/28/2014 was for acupuncture sessions of the lumbar spine and for pain management consultation lumbar spine; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions lumbar spine: 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 12 sessions of acupuncture for the lumbar spine is not medically necessary. Per the Acupuncture Medical Treatment Guidelines, it is stated 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 functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week for 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. According to the injured worker, his pain level was improved by 70% after the lumbar facet joint injection procedure. It was also documented he had improvement in his activity level. On 06/09/2014, the clinical documentation indicates that the injured worker previously participated in 12 chiropractic treatments with improved range of motion and increased strength. There was no rationale provided to indicate why the injured worker needs to continue with additional conservative care measures and there were documented improvements of the lumbar spine. Given the above, the request for acupuncture for the low back is not medically necessary.

Pain management consultation lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Office Visits.

Decision rationale: The request for pain management consultation of the lumbar spine is not medically necessary. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted lacked evidence of the injured worker being on any pain medications. In addition, the request lacks evidence on why the injured worker needs to have a pain management consultation. Therefore, the request for to pain management consultation is found to be not medically necessary.