

Case Number:	CM14-0204965		
Date Assigned:	12/17/2014	Date of Injury:	11/27/2007
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 27, 2007. In a Utilization Review Report dated November 11, 2014, the claims administrator denied requests for 12 sessions of acupuncture, topical compounded capsaicin containing cream, and 10 pain psychology follow-up visits. The claims administrator referenced an October 13, 2014 progress note and associated RFA form in its rationale. The applicant's attorney subsequently appealed. In a November 14, 2014 supplemental report, the attending provider appealed the previously denied pain psychology consultation, and capsaicin cream. The attending provider stated that the applicant was status post earlier lumbar laminectomy surgery in 2010 and had apparently had a spinal cord stimulator trial. The applicant had persistent issues with anxiety and depression, the attending provider acknowledged. In an RFA form dated November 10, 2014, the attending provider again sought Ultracet, Flexeril, Neurontin, the capsaicin-containing cream, 10 pain psychology visits, and eight additional sessions of acupuncture. In a progress note dated November 10, 2014, the applicant again reported persistent complaints of low back pain radiating into the left leg. Repeat epidural steroid injection therapy was sought. The applicant was asked to obtain pain psychology follow-up visits owing to anxiety, depression, and anger which he attributed to persistent pain. Multiple medications were renewed. Acupuncture, epidural steroid injection therapy, and the capsaicin-containing compound at issue were endorsed. The applicant had last worked in 2007, it was acknowledged, was not working with previously imposed permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional lumbar acupuncture 2x a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question, as both the treating provider and claims administrator have stipulated, does represent a request for repeat acupuncture. While the acupuncture medical treatment guidelines in MTUS 9792.24.1.d do acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there has been no such evidence of functional improvement as defined in section 9792.20f, despite earlier acupuncture in unspecified amounts over the course of the claim. The applicant remains off of work. The applicant remains dependent on a variety of opioid and non-opioid agents, including tramadol, Ultracet, Flexeril, Neurontin, etc. The fact that the applicant is pursuing repeat epidural steroid injection therapy and/or spinal cord stimulator strongly implies that earlier acupuncture treatment was, in fact, unsuccessful in terms of the functional improvement parameters established in MTUS 9792.20f, as of the fact that the applicant remains off of work. Therefore, the request is not medically necessary.

CM4/Capsaicin cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last line agent, for applicants who have not responded to or are intolerant to other treatments. Here, the applicant's ongoing usage of tramadol, Ultracet, Flexeril, Neurontin, etc., effectively obviated the need for the capsaicin containing compound at issue. Therefore, the request is not medically necessary.

Pain psychological follow up visits weekly for 10 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions topic Page(s): 23.

Decision rationale: While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that behavioral interventions such as the pain psychology follow-up visit at issue are "recommended," page 23 of MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that a total of 6-10 visits can be supported only if there is evidence of objective functional improvement. Here, the applicant has had prior psychological treatment, including earlier pain psychology follow-up visits. The applicant has failed to demonstrate a favorable response to the same. The applicant remains off of work. Permanent work restrictions remain in place, unchanged, from visit to visit, despite earlier pain psychology visits. The applicant remains dependent on a variety of other treatments, including opioids such as tramadol, Ultracet, non-opioid agents such as Neurontin, spinal cord stimulator, epidural steroid injection therapy, etc. All of the foregoing taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of pain psychology treatment and pain psychology visits over the course of the claim. Therefore, the request for additional treatment is not medically necessary.