

Case Number:	CM15-0103656		
Date Assigned:	06/08/2015	Date of Injury:	08/09/2012
Decision Date:	07/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 46 year old male patient who sustained an industrial injury on 08/09/2012. The accident was described as while on duty as a patrol officer he was injured. He was evaluated and taken out of work for 5 weeks time period returned for modified work duty for several months and then back to full time duty. He has then been off from work since 09/09/2012. A pain management visit dated 03/24/2015 reported subjective complaint of low back pain and bilateral lower extremity pain, right buttock pain. He states the current medication regimen appreciably lessens the pain. In addition, he is having difficulty sleeping. He has completed physical therapy and acupuncture course, which has given a 60% reduction in pain. Current medications are: Lidoderm 5% patch; Omeprazole, Lyrica, meloxicam, Norco 10/325mg and Sertraline. The following diagnoses are applied: lumbosacral spondylosis without myelopathy; lumbar disc displacement without myelopathy; myalgia and myositis, sleep disturbance, sacroilitis, and lumbago. The plan of care involved the Norco decreased to monthly #75 tabs, and recommending additional acupuncture and physical therapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol Injection Qty 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 73.

Decision rationale: According to MTUS guidelines, "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions". Toradol is recommended for severe acute pain for a short period of time. There is no documentation that the patient suffered from acute pain. The patient current pain is clearly chronic. Therefore, the request to prescribe Toradol Injection Qty 6 is not medically necessary.

B12 Injection Qty 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vitamin B12. <http://www.rxlist.com/b12-drug.htm>.

Decision rationale: There is no documentation or justification for B12 injection in this case. There is no documentation of Vit B12 deficiency. Therefore, the request for B-12 injection is not medically necessary.

Acupuncture Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, "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. (2)" Acupuncture with electrical stimulation "is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. (3) "Chronic pain for purposes of acupuncture" means chronic pain as defined in

Section 9792.20(c). (b) Application (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e) (e) It is beyond the scope of the Acupuncture Medical Treatment Guidelines to state the precautions, limitations, contraindications or adverse events resulting from acupuncture or acupuncture with electrical stimulations. These decisions are left up to the acupuncturist." In this case, there was no evidence of sustained functional improvement with the previous use of acupuncture. Therefore, the request for 6 Acupuncture visits is not medically necessary.