

Case Number:	CM15-0104363		
Date Assigned:	06/08/2015	Date of Injury:	05/30/2006
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female patient who sustained an industrial injury on 05/30/2006. A primary treating office visit dated 04/01/2014 reported the patient with subjective complaint of having an acute flare up and that performing activities of daily function have been causing increased pain in the low back. She states having exhausted her medication supply and in need of refills. Objective findings showed palpable hypertonicity of the lumbar musculature left greater. There is tenderness present in the lumbar musculature bilaterally and range of motion is slightly decreased in all planes due to pain. The left knee is with tenderness and decreased range of motion. She is diagnosed with lumbosacral sprain; lumbosacral neuritis, and lumbar/lumbosacral disc degeneration. The plan of care noted the patient to participate in acupuncture sessions, refilling medications Celebrex and follow up visit. A radiology report dated 08/11/2011 showed a magnetic resonance imaging study of the lumbar spine that revealed no acute fracture; degenerative lumbar spondylosis right L3-4 and Left 4-5 without significant central canal or acute compression deformity. The patient reports the medication Celebrex keeps the pain levels in check. A prior radiographic study showed on 05/05/2007 she underwent a MRI of the lumbar spine that showed no significant change as compared to 10/05/2006 study; lumbar vertebral body heights are well maintained; no fractures of subluxation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Celebrex 200mg #60 is not medically necessary and appropriate.

6 Acupuncture treatments for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture to the spine. The patient is without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria. The 6 Acupuncture treatments for the lumbar spine is not medically necessary and appropriate.