

Case Number:	CM15-0136353		
Date Assigned:	07/24/2015	Date of Injury:	01/14/2014
Decision Date:	08/20/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female who sustained an industrial injury on 01/14/2014. Mechanism of injury occurred after pulling a patient to the floor to get in a better position for CPR and injured her neck and low back. Diagnoses include improved neck pain, low back pain, moderate lumbar stenosis, and lumbar discogenic pain. Treatment to date has included diagnostic studies, medications, acupuncture, physical therapy-18 visits, interlaminar lumbar steroid injection and hip injection. Her medications include Norco, Adderall, Lexapro, ReQuip, Sumatriptan, Zolofit and Xanax. On 03/04/2014 and unofficial report of a Magnetic Resonance Imaging of the lumbar spine showed multiple areas of disc bulging with some central canal stenosis and mild facet joint hypertrophy. A physician progress note dated 06/15/2015 documents the injured worker has continued neck and low back pain. She has had 6 acupuncture treatments which did provide significant benefit and did decrease her pain. She takes three Norco a day with benefit. She has difficulty sleeping and was previously on Restoril. Her neck pain has improved significantly, but she has low back pain. The neck pain is very mild and occasional. It is left-sided and achy and does not radiate. Her low back pain is constant and achy. It is more left-sided than right. The pain radiates to the buttock posteriorly and to the top of the left thigh. Pain is rated 8 out of 10 before medications and it comes down to 4 out of 10 with medications. Her lumbar spine is tender to palpation in the lower paraspinal muscles, and there is tenderness in the left sacroiliac joint and in the mid buttock. There is full range of motion. Treatment requested is for Acupuncture for the low back (6 sessions), Norco 10/325mg, #60, and Yoga for the low back (6 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back (6 sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for neck and low back pain. Treatments included six acupuncture sessions with improvement after the fourth session. These treatments were provided in January 2015. When seen, her BMI was nearly 29. There was lumbar spine and left sacroiliac joint tenderness. Straight leg raising was negative. There was mildly positive left Patrick's testing. Exercise was discussed and the claimant indicated she was interested in taking yoga classes. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant had benefit after prior acupuncture treatments which should have been extended. The number of treatments now being requested is consistent with the guideline recommendation and medically necessary.

Yoga for the low back (6 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Yoga.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for neck and low back pain. Treatments included six acupuncture sessions with improvement after the fourth session. These treatments were provided in January 2015. When seen, her BMI was nearly 29. There was lumbar spine and left sacroiliac joint tenderness. Straight leg raising was negative. There was mildly positive left Patrick's testing. Exercise was discussed and the claimant indicated she was interested in taking yoga classes. Yoga is recommended as an option only when requested by a highly motivated patient. A 12 session, 3 month yoga program has been shown to lead to greater improvements in back function than usual care. In this case, the claimant is requesting a trial of yoga and the number of sessions is within that recommended. The request is medically necessary.

Norco 10/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for neck and low back pain. Treatments included six acupuncture sessions with improvement after the fourth session. These treatments were provided in January 2015. When seen, her BMI was nearly 29. There was lumbar spine and left sacroiliac joint tenderness. Straight leg raising was negative. There was mildly positive left Patrick's testing. Exercise was discussed and the claimant indicated she was interested in taking yoga classes. Medications are referenced as decreasing pain from 8/10 to 4/10. Norco was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.