

Case Number:	CM15-0180935		
Date Assigned:	09/22/2015	Date of Injury:	11/16/2014
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This is a 55-year-old male worker with a date of injury 11-16-2014. The medical records indicated the injured worker (IW) was treated for myofascial pain syndrome; possible lumbar disc displacement; lumbar radiculopathy; and lumbar sprain and strain. In the 8-3-15 progress notes, the IW reported back and leg pain. No pain level was given. Medications included Tramadol for pain and Flexeril for spasm. Celebrex was not effective and this was recommended discontinued by the provider; Lodine was previously trialed. Objective findings on 7-13-15 and 8-3-15 were unchanged, including positive straight leg raise bilaterally and the presence of trigger points. Lumbar spine range of motion was decreased. Sensation was described as "nil". Deep tendon reflexes were 2 out of 2 and motor strength was 5 out of 5. Foot drop and Waddell's were negative. The IW was temporarily partially disabled. Treatments included acupuncture (at least 6 sessions), which was beneficial, and chiropractic treatment (6 sessions), which was temporarily beneficial. The report of the MRI of the lumbar spine on 4-1-15 showed mild degenerative changes and mild disc space narrowing at L4-5. Electrodiagnostic testing of the bilateral lower extremities on 7-6-15 was normal. There was no supportive documentation reviewed for the request for a consult with a spinal surgeon. A Request for Authorization dated 8-3-15 was received for acupuncture, 12 sessions, and consult with spinal surgeon. The Utilization Review on 8-25-15 non-certified the request for acupuncture, 12 sessions, due to lack of documentation of benefit from and number of previous sessions; and consult with a spinal surgeon was non-certified due to lack of documentation supporting a rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing back and leg pain. There was no discussion suggesting a significant issue with pain medication, indicating the worker would have rehabilitation together with this therapy, specifying the goals of this treatment, or describing special circumstances that sufficiently supported this request. There was no discussion detailing objective benefit from prior sessions or suggesting the reason additional sessions would be of benefit. In the absence of such evidence, the current request for twelve additional acupuncture sessions is not medically necessary.

Consult with spinal surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing back and leg pain. The documented pain assessments and examinations were minimal and did not include many of the elements encouraged by the Guidelines. Further, there was no discussion suggesting how a consultation with a spine specialist would be expected to improve the worker's function. In the absence of such evidence, the current request for a consultation with a spinal surgeon is not medically appropriate.