

Case Number:	CM15-0185607		
Date Assigned:	09/25/2015	Date of Injury:	05/10/1999
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 68 year old female, who sustained an industrial injury on 05-10-1999. The injured worker was diagnosed as having chronic pain other, failed back surgery syndrome - lumbar, lumbar radiculopathy, status post fusion-lumbar spine, insomnia, medication related dyspepsia and status post spinal cord stimulator implant. On medical records dated 08-17-2015 and 06-22-2015, the subjective complaints were noted as low back pain, ongoing frontal occipital headaches, insomnia associated with ongoing pain. Pain was rated at 5 out of 10 with medications and 9 out of 10 without medication. Activities of daily living were noted as having limitations due to pain. Objective findings were noted as lumbar spine revealed a well-healed surgical scar; tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Range of motion of the lumbar spine was slightly limited secondary to pain. Treatments to date included acupuncture, a 5-year-old back brace, home exercise program and medication. The injured worker was noted to be currently not working. Current medications were listed as Vitamin D 2000 units tablet, Protonix DR 20mg tablet, Hydrocodone-Acetaminophen 7.5-325mg tab, and Zolpidem Tartrate 10mg tablet. On two separate Utilization Reviews (UR's) dated 09-08-2015, a request for Vitamin D 2000 units #90 with 1 refill, lumbar orthosis and acupuncture two (2) times a week for four. The UR submitted for this medical review indicated that the request for lumbar orthosis and acupuncture two (2) times a week for four (4) were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, (Acute & Chronic) - Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Summary.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The claimant has a 5-year-old back brace indicating long-term use. The chronic use of a lumbar orthosis is not medically necessary.

Acupuncture two (2) times a week for four (4) weeks, sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "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. Time to produce functional improvement: 3 to 6 treatments. The claimant has completed an unknown amount of acupuncture already. Additional acupuncture may provide benefit but it is considered an option and the additional 8 sessions of physical therapy is not medically necessary.