

Case Number:	CM15-0185919		
Date Assigned:	09/28/2015	Date of Injury:	05/29/2015
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47-year-old female, who sustained an industrial injury on 05-29-2015. The injured worker is currently able to work regular duty. Medical records indicated that the injured worker is undergoing treatment for cervical musculoligamentous sprain-strain with right upper extremity radiculitis, thoracic and lumbar musculoligamentous sprain-strain, bilateral sacroiliac joint sprain, bilateral shoulder periscapular myofascial strain, and bilateral knee patellofemoral arthralgia with possible internal derangement. Treatment and diagnostics to date has included chiropractic treatment and medications. Current medications include Zanaflex and Prilosec. After review of the progress note dated 07-07-2015, the injured worker reported pain in the neck, mid and low back, bilateral shoulders, and bilateral knees. Objective findings included tenderness to palpation to the cervical spine, thoracolumbar spine, bilateral shoulders, and bilateral hips. The Utilization Review with a decision dates of 08-27-2015 non-certified the request for acupuncture 2x3, Anaprox 550mg #60, and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines state that 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. 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. The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. In this case, there is no evidence that the injured worker is participating in a home exercise program or that pain medications have been reduced. Therefore, the request for acupuncture 2 times a week for 3 weeks is determined to not be medically necessary.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medications for subacute & chronic pain, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported, therefore, the request for Anaprox 550mg #60 is determined to not be medically necessary.

MRI of the lumbar spine: 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), Low Back Chapter, MRIs.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no evidence of nerve impairment or any other signs of red flags that would warrant the use of an MRI. The request for MRI of the lumbar spine is determined to not be medically necessary.