MAXIMUS Federal Services

Case Number:	CM15-0080799		
Date Assigned:	05/01/2015	Date of Injury:	02/18/2014
Decision Date:	06/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 58-year-old female sustained an industrial injury to the back on 2/18/14. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture and medications. In a PR-2 dated 4/8/15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities associated with cramping. The injured worker rated her pain 8/10 on the visual analog scale without medications and 5/10 with medications. The injured worker reported that her pain was about the same. The physician noted that the injured worker was working. Current diagnoses included lumbar spine sprain/strain and lumbar spine multilevel bulges. The treatment plan included acupuncture twice a week for four weeks and medications (Tramadol). The physician noted that acupuncture had been very helpful in the past.

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 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 4, 8-9.

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. 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. Time to produce functional improvement is 3 to 6 treatments. The records do not indicate that the worker is not able to return to productive activities or that the worker is participating in an ongoing exercise program to which the acupuncture would be an adjunct. Additionally, in this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for additional acupuncture treatments.

Tramadol HCL ER 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 84-94.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated.