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| Case Number: | CM15-0082966 | | |
| Date Assigned: | 05/05/2015 | Date of Injury: | 08/29/2014 |
| Decision Date: | 09/11/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 04/29/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 40-year-old female, with a reported date of injury of 08/29/2014. The diagnoses include lumbosacral contusion and sprain with right sciatica, herniated pulposus at right L5-S1, right S1 radiculopathy, and cauda equine syndrome. Treatments to date have included 15 sessions of physical therapy, lumbar spine surgery, oral medications, and x-rays of the lumbar spine. The initial comprehensive orthopaedic report dated 03/04/2015 indicates that the injured worker stated that the physical therapy had not helped her at all. She complained of low back pain, which was rated 7 out of 10. There was constant radiation and tingling to the right lower extremity. It was noted that she dragged her right foot. She reported that her low back pain interfered with her daily activities. An examination of the low back and lower extremities showed limping, a distorted gait, no evidence of scoliosis, tenderness to palpation about the bilateral lumbar paravertebral muscles, right sacroiliac joint, and right sciatic notch, no trigger points to palpation of the lumbar muscles, decreased lumbar range of motion, and negative bilateral straight leg raise test. The treating physician requested acupuncture with electrical stimulation for the lumbar spine, manual therapy techniques for the lumbar spine, infrared for the lumbar spine, internal assessment, and consultation with an internal medicine specialist. There are associated complaints of anxiety, irritability, insomnia, stress and weight gain that is awaiting evaluation by a Psychologist / Psychiatrist. On 04/28/2015, Utilization Review (UR) denied the request for acupuncture because there was no documentation that the injured worker was actively seeking physical rehabilitation or surgical intervention for the reported injuries; the request for an internal assessment the consultation with an internal

medicine specialist since the request would not suggest any treatment decisions that will cure or alleviate the injured worker or her pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with Electrical Stimulation, 2 Times Weekly, Lumbar Spine Initial 15 Mins Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Acupuncture.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Acupuncture can be utilized for the treatment of exacerbation of musculoskeletal pain when standard NSAIDs and PT have failed. The utilization of Acupuncture can result in pain relief, reduction in medications utilization and functional restoration. The records indicate that the patient have completed sessions of PT and other conservative treatments. It was noted that the patient did not report any beneficial effects following PT. The guidelines noted that the presence of co-existing psychosomatic disorders is associated with decreased efficacy of PT, injections and surgeries. The records indicate that the patient was approved for mental health treatment for the significant psychosomatic disorders. The criteria for the use of Acupuncture with Electrical Stimulation 2 times weekly, Lumbar Spine initial 15 mins Qty 6 was not met.

Acupuncture with Electrical Stimulation, 2 Times Weekly, Lumbar Spine Additional 15 Mins Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Acupuncture.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Acupuncture can be utilized for the treatment of exacerbation of musculoskeletal pain when standard NSAIDs and PT have failed. The utilization of Acupuncture can result in pain relief, reduction in medications utilization and functional restoration. The records indicate that the patient have completed sessions of PT and other conservative treatments. It was noted that the patient did not report any beneficial effects following PT. The guidelines noted that the presence of co-existing psychosomatic disorders is associated with decreased efficacy of PT, injections and surgeries. The records indicate that the patient was approved for mental health treatment for the significant psychosomatic disorders. The criteria for the use of Acupuncture with Electrical Stimulation 2 X weekly Lumbar Spine additional 15 mins Qty 6 was not met.

Manual Therapy Techniques, 2 Times Weekly, Lumbar Spine Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Manual Therapy Techniques can be utilized for the treatment of exacerbation of musculoskeletal pain when standard NSAIDs and PT have failed. The utilization of physical treatments can result in pain relief, reduction in medications utilization and functional restoration. The records indicate that the patient have completed sessions of PT and other conservative treatments. It was noted that the patient did not report any beneficial effects following PT. The guidelines noted that the presence of co-existing psychosomatic disorders is associated with decreased efficacy of PT, injections and surgeries. The records indicate that the patient was approved for mental health treatment for the significant psychosomatic disorders. The criteria for the use of Manual Therapy Techniques 2 Times Weekly Lumbar Spine Qty 6 was not met.

Infrared, 2 Times Weekly, Lumbar Spine Qty 6: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Physical treatment techniques including Infrared can be utilized for the treatment of exacerbation of musculoskeletal pain when standard NSAIDs and PT have failed. The utilization of physical treatments can result in pain relief, reduction in medications utilization and functional restoration. The records indicate that the patient have completed sessions of PT and other conservative treatments. It was noted that the patient did not report any beneficial effects following PT. The guidelines noted that the presence of co-existing psychosomatic disorders is associated with decreased efficacy of PT, injections and surgeries. The records indicate that the patient was approved for mental health treatment for the significant psychosomatic disorders. The criteria for the use of Infrared 2 Times Weekly, Lumbar Spine Qty 6 was not met.

Internal Assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89, 91-92, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for evaluation by specialists when the diagnoses are too complex, additional expertise had become necessary or the presence of significant co-existing psychosomatic disorders. The records indicate that the patient was recently approved for evaluation and treatment by behavioral health specialists. The records did not show significant medical disease or organs dysfunction that require evaluation by Internal Medicine specialist. The criteria for referral for Internal Assessment were not met.

Consultation with An Internal Medicine Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 792.24.2 Page(s): 87-89, 91-92, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for evaluation by specialists when the diagnoses are too complex, additional expertise had become necessary or the presence of significant co-existing psychosomatic disorders. The records indicate that the patient was recently approved for evaluation and treatment by behavioral health specialists. The records did not show significant medical disease or organs dysfunction that require evaluation by Internal Medicine specialist. The criteria for referral for Consultation with an Internal Medicine specialist were not met.