

Case Number:	CM14-0115889		
Date Assigned:	09/16/2014	Date of Injury:	07/19/2004
Decision Date:	10/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 42-year-old female who has submitted a claim for lumbar radiculopathy, knee pain, status post lumbar fusion and removal of hardware, status post left knee arthroscopy, major depressive disorder, and pain disorder associated with an industrial injury date of 7/19/2004. Medical records from 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities. Aggravating factors included prolonged standing and walking. Physical examination of the lumbar spine showed restricted motion. Motor strength of left gastrocnemius muscle was rated 4/5. Deep tendon reflexes of bilateral patella were graded 1+. Areflexia of both Achilles was noted. Sensation was diminished at L5 dermatome. Per utilization review dated 7/9/2014, patient complained of teeth grinding. There was no physical examination of the teeth and buccal mucosa. Treatment to date has included lumbar fusion of L5 to S1 and removal of hardware on 11/21/2013, left knee arthroscopy, physical therapy, and medications. Utilization review from 7/9/2014 denied the request for dental evaluation because there were no other deficits related to temporomandibular joint dysfunction or dental issues; modified the request for Acupuncture treatment for the lumbar spine, 3 times a week for 4 weeks into 6 trial visits to meet guideline recommendation; and denied orthopedic bed because of no significant limitations, complaints, or conditions that may support its medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dentist evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, utilization review from 7/9/2014 cited that patient complained of teeth grinding. However, medical records submitted and reviewed failed to provide subjective complaints and objective findings pertaining to this dental issue. The medical necessity has not been established due to insufficient information. Therefore, the request for dentist evaluation is not medically necessary.

Acupuncture treatment for the lumbar spine, 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment 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 treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient complained of low back pain radiating to bilateral lower extremities. Aggravating factors included prolonged standing and walking. Physical examination of the lumbar spine showed restricted motion. Clinical manifestations persisted despite surgery, physical therapy, and intake of medications. Acupuncture is a reasonable treatment option at this time. However, there is no discussion as to why 12 visits should be certified at this time. The guideline only recommends 6 sessions as trial basis. Therefore, the request for Acupuncture treatment for the lumbar spine, 3 times a week for 4 weeks is not medically necessary.

Orthopedic bed: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Mattress Selection

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Low Back Section was used instead. It states that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference. A huge variety of mattress includes body-contour foam mattress, hard mattress, medium-firm mattress, etc. In this case, patient complained of low back pain radiating to bilateral lower extremities. Aggravating factors included prolonged standing and walking. Physical examination of the lumbar spine showed restricted motion. Clinical manifestations persisted despite surgery, physical therapy, and intake of medications. However, the clinical documentation submitted and reviewed failed to provide exceptional circumstances to support the purchase of a mattress. Furthermore, the guidelines do not recommend it because of limited studies to support its treatment for low back pain. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Orthopedic bed is not medically necessary.