MAXIMUS Federal Services

Case Number:	CM14-0118793		
Date Assigned:	09/24/2014	Date of Injury:	08/14/2013
Decision Date:	10/31/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 42-year-old female who reported an injury on 08/14/2013. The mechanism of injury was not specifically stated. The current diagnoses include cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, hip sprain, knee tendonitis/bursitis, wrist tendonitis/bursitis, and elbow tendonitis/bursitis. The injured worker was evaluated on 08/14/2013 with ongoing neck and low back pain with radiation into the upper and lower extremities. It was noted that the injured worker was pending a right sacroiliac joint injection. The injured worker reported an improvement in symptoms with previous acupuncture sessions. Physical examination revealed spasm, tenderness, guarding, decreased lumbar range of motion, sacroiliac joint tenderness, an antalgic gait, and decreased sensation in the L5 dermatome bilaterally. Treatment recommendation at that time included additional acupuncture, a lumbar traction unit, and an ergonomic chair. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; additional twelve (12) visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The injured worker has participated in previous acupuncture sessions. However, there is no documentation of objective functional improvement. There is also no specific body part listed in the current request. As such, the request is not medically appropriate.

Gabapentin for neuropathic pain (dosage and quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state gabapentin has been recommended for neuropathic pain. There is no documentation of this injured worker's current utilization of this medication. There is also no strength, frequency, or quantity listed in the current request. As such, the request is not medically appropriate.

Lumbar traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state traction has not been proven effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Therefore, this request is not medically appropriate.

Ergonomic chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES: ERGONOMICS INTERVENTION

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and the device or symptoms meets Medicare's definition of durable medical equipment. There is no documentation of a significant functional limitation. There is no mention as to how an ergonomic chair would prove beneficial in the injured worker's current condition. The medical necessity has not been established. As such, the request is not medically appropriate.