

Case Number:	CM14-0145367		
Date Assigned:	09/12/2014	Date of Injury:	02/12/2013
Decision Date:	10/17/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 32-year-old male who reported an injury on 02/12/2013 due to an unspecified cause of injury. The injured worker complained of neck, middle back, and lower back pain that extended to the right hip and down the posterior aspect of the right thigh. The injured worker had a diagnosis of lumbar disc herniation, lumbar neuritis, and lumbar sprain. The past treatments included chiropractic therapy, physical therapy and medications. The prior diagnostics included an MRI and EMG. The medications included Norco, Neurontin, Naproxen, Norflex, Protonix and Doral. The physical examination dated 07/02/2014 revealed decreased range of motion of the lumbar spine secondary to pain, positive lumbar tenderness at the paraspinous muscle with spasms. Sensation was intact to all dermatomes in the lowers. Reflexes were 2+ in the knees and ankles bilaterally and symmetrically. Babinski sign was absent. No evidence of clonus. The treatment plan included a pharmacological management, urinalysis, labs, facet injections trial, acupuncture trial. The Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physician Pharmacological Management once monthly for 2 months: 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: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Pain, Office.

Decision rationale: The request for physician pharmacological management once monthly for 2 months is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The patients, conditions are extremely vary, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self-care as clinically feasible. The clinical notes indicate that the injured worker has a 6/10 pain scale and indicates that the medication as prescribed is significantly helping him. He could do more activities such as standing, walking, sitting, and lifting. As such, the request is not medically necessary.

UA Testing once monthly for 2 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for a UA testing once monthly for 2 months is not medically necessary. The California MTUS recommend drug testing as an option, using a urine drug screen to assess for the use of the presence of illegal drugs. The clinical notes do not indicate that the injured worker had a history of illegal drug use or a diagnoses of drug use or any signs and symptoms that would warrant the need for a drug test. As such, the request is not medically necessary.

CMP (comprehensive metabolic panel) once monthly for 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LABS per labtestsonline.org. Decision based on Non-MTUS Citation LABS per labtestsonline.org

Decision rationale: The request for CMP comprehensive metabolic panel once monthly for 2 months is not medically necessary. The California MTUS/ACOEM and the Official Disability Guidelines do not address. The labtestsonline.org indicate that the Comprehensive Metabolic Panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific

medications for any kidney- or liver-related side effects. If a doctor is interested in following two or more individual CMP components, she may order the entire CMP because it offers more information. The clinical notes was not evident that the injured worker had any conditions such as diabetes, liver disease and kidney disease or a need for a comprehensive metabolic panel testing. As such, the request is not medically necessary.

Facet Injection Trial: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back Complaints, Facet injections

Decision rationale: The facet injection trial is not medically necessary. The California MTUS/ ACOEM did not address. The Official Disability Guidelines indicate that for Diagnostic blocks: One set of medial branch blocks is recommended prior to a neurotomy. Intra-articular blocks are not recommended as the diagnostic procedure. Confirmatory blocks, while recommended for research studies, do not appear to be cost effective or to prevent the incidence of a false positive response to the neurotomy procedure itself. The clinician's notes did not indicate that the injured worker had failed conservative care. The request did not address a location for the facet injections. As such, the request is not medically necessary.

Acupuncture Trial twice weekly for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture trial twice weekly for 3 weeks is not medically necessary. The California MTUS indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, it must be used in conjunction with physical rehabilitation and/or surgical interventions to hasten functional recovery. The clinician's note indicated that the injured worker indicated that the pain medication was working reducing his pains and he was able to increase his activities of daily living. As such, the request is not medically necessary.