

Case Number:	CM14-0089781		
Date Assigned:	09/10/2014	Date of Injury:	08/30/2012
Decision Date:	11/03/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation 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 51-year-old male who sustained an injury on October 12, 1963. He is diagnosed with (a) lumbar spine herniated nucleus pulposus, (b) hypertension, (c) gouty arthritis, and (d) gastritis. He was seen on May 8, 2014 for an evaluation. He reported unchanged low back condition. He complained of pain in the low back with numbness and weakness sensations of the left leg. The pain was rated 5-6/10 without medication or therapy and 3/10 with medications. He stated that physical therapy and acupuncture provided minimal pain relief. Examination of the lumbar spine revealed tenderness over them midline at the levels of L4 through S1. Straight leg raising test was positive at 30 degrees on the right side and 35 degrees on the left side. There was weakness noted at the left lower extremity compared to the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It has been determined from the reviewed medical records that only minimal pain relief was derived from previous acupuncture sessions. Guidelines require documentation of significant and objective functional improvement to warrant additional sessions of acupuncture. Hence, the request for eight sessions of acupuncture is not considered medically necessary at this time per MTUS guidelines.

Aquatic Therapy 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: As mentioned, review of medical records revealed that the injured worker reported minimal relief with therapy. Guidelines state that documentation of significant functional improvement is necessary. More so, aqua therapy is indicated for cases when reduced weightbearing is advantageous. Clinical scenario of the injured worker does not indicate the need for reduced weightbearing to necessitate the need for aquatic therapy. Hence, the request for eight sessions of aquatic therapy is not necessary at this time per MTUS guidelines.

Retro Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, specific drug list Page(s): 43, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing (UDT)

Decision rationale: Indications for ongoing monitoring through urine drug screen were not satisfied. There was no documentation of any evidence of high risk for addiction or cases of unimproved pain and increased function with increased dose. Hence, the request for Retro urine drug screen is not medically necessary per MTUS and ODG.
