MAXIMUS Federal Services

Case Number:	CM14-0095779		
Date Assigned:	09/10/2014	Date of Injury:	02/07/2002
Decision Date:	10/14/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 61-year-old female with a reported date of injury on 02/07/2002. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include right lumbar facet syndrome and chronic low back pain. Her previous treatments were noted to include acupuncture, facet medial branch blocks, and medications. The progress note dated 05/19/2014 revealed complaints of bilateral lower back pain that was exacerbated by walking. The injured worker revealed levels of pain ranged from 7/10 to 10/10. The physical examination revealed the injured worker was in no acute discomfort. The injured worker ambulated with a single ended cane and lumbar movements were restricted by 50% in all planes. The seated slump test bilaterally produced posterior knee pain. The right hip internal rotation was moderately painful at the hip and there was tenderness at the left lower lumbar paraspinals. The request for authorization form dated 05/21/2014 was for acupuncture for the low back x6 to treat the injured worker's flare and pain management. The request for authorization for Norflex 100 mg quantity 20 for muscle spasms was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for low back x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has received previous acupuncture sessions with positive improvement. The Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasms. The guidelines recommend the further frequency and duration of acupuncture is time to produce functional improvement is 3 to 6 treatments at 1 to 3 times per week with an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding quantifiable objective functional improvement with the previous acupuncture therapy. There is a lack of documentation regarding the number of previous acupuncture sessions completed. Therefore, the request is not medically necessary.

Norflex 100mg Qty: 20.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The injured worker has utilized Norflex since 2012 off and on. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. There is a lack of documentation regarding objective functional improvement with the previous utilization of Norflex. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore the request for Norflex 100 mg Qty: 20 is not medically necessary.