

Case Number:	CM14-0195981		
Date Assigned:	12/03/2014	Date of Injury:	04/02/2010
Decision Date:	01/21/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 61-year-old female with date of injury 04/02/2010. The listed diagnoses from 10/06/2014 are: 1. HNP of the lumbar spine 2. Ongoing neck and mid back complaints. According to this report, the injured worker complains of neck and back pain at a rate of 8/10 on the pain scale. She states that medications cause's constipation. The injured worker has utilized acupuncture which has helped decrease her pain significantly. She says that acupuncture helps increase her sleep by 1 to 2 hours. The injured worker has also attended chiropractic treatment and physical therapy with the benefit. She states that her pain "radiates down both her arms and hands." She reports numbness in the fingertips of her right hand as well as weakness. The injured worker notes difficulty walking due to her pain. The examination shows the injured worker has an antalgic gait. There is tenderness to palpation in her lower lumbar facet regions bilaterally. Range of motion in the cervical spine and lumbar spine is limited. Upper extremity sensation is intact. Decreased sensation in the L5 and S1 dermatomes on the right. The documents include acupuncture reports from 05/06/2014 to 07/11/2014, Electromyography (EMG) report from 06/27/2014, lab reports from 05/15/2014 to 08/21/2014, and progress reports from 05/02/2014 to 11/03/2014. The utilization review denied the request on 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions to the Neck and Back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 15, 2007

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines
<http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentmen>.

Decision rationale: This injured worker presents with neck and back pain. The treating physician is requesting Outpatient Acupuncture Times Eight Sessions to the Neck and Back. The MTUS Guidelines for acupuncture states that it 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. In addition, MTUS states that an "initial trial of 3 to 6 visits is recommended." Treatments may be extended if functional improvement is documented. The 05/20/2014 acupuncture therapy report shows that the injured worker continues to complain of radiating pain from his low back down to both legs. She rates her pain at 6/10. The injured worker reports "relief after last treatment." The 06/24/2014 acupuncture treatment report shows visit number 18. The injured worker's condition is same. The injured worker states that acupuncture help decrease her pain however she does not take fewer medications with treatments. The 07/17/2014 acupuncture report shows the same findings as the 06/24/2014 report. In this case, the injured worker has received a total of 21 acupuncture therapy treatments to date with minimal documented functional improvement. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improve quality-of-life. Given the lack of functional improvement while utilizing this modality including decreased medication intake, the request is not medically necessary.

Purchase of a Walker with Wheels: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (knee and leg chapter)

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 on Walking Aides

Decision rationale: This injured worker presents with neck and back pain. The treating physician is requesting a Purchase of a Walker with Wheels. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines on walking aids (canes, crutches, braces, orthoses, and walkers) states that almost half of injured workers with knee pain possess a "walking aid." Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. The 06/09/2014 report shows that the injured worker continues to complain of radiating pain down both legs into the feet. She reports difficulty walking. The injured worker is only able to walk about five minutes at a time due to her severe back pain. She continues to have an antalgic gait

with severe limitations due to her pain. While the injured worker does not present with osteoarthritis, the treater discusses difficulty with mobility and the request is supported by the ODG guidelines. The request is medically necessary.