

Case Number:	CM14-0197511		
Date Assigned:	12/05/2014	Date of Injury:	01/26/1990
Decision Date:	01/23/2015	UR Denial Date:	10/21/2014
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 Rehab and is licensed to practice in Arizona. 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 67-year-old female who reported an injury on 01/26/1990. The mechanism of injury reportedly was a motor vehicle accident. Her relevant diagnoses included lumbar radiculopathy, herniated nucleus pulposus lumbar spine with left sided stenosis, right sided thoracic pain, right rhomboid spasm, status post artificial disc replacement C5-6, and chronic right C5 and C7 radiculopathy. Her past treatments have included an epidural steroid injection of the lumbar spine, medications, acupuncture, chiropractic treatments, and physical therapy. The clinical note dated 10/13/2014 indicates that the following diagnostic studies have been performed, including: magnetic resonance imaging of the thoracic spine performed on 08/22/2012; an electromyograph/nerve conduction study performed on 07/27/2012; magnetic resonance imaging of the lumbar spine dated 10/20/2010; x-rays of the cervical and lumbar spine performed on 11/22/2013 and magnetic resonance imaging of the cervical spine dated 11/06/2013. Her surgical history was noncontributory. On 10/13/2014, the patient presented with ongoing complaints of neck, mid and low back pain. She rated her back pain at 7/10 and neck pain a 9/10. The injured worker also complained of severe headaches in her posterior neck region. Additionally, the injured worker noted radiating low back pain into her left buttock and posterior thigh region. Upon physical examination of the lumbar spine, tenderness to palpation was noted to the left lumbar paraspinals, as well as thoracic region. Positive rhomboid spasm was noted. The injured worker was also noted to have upper extremity decreased sensation at C7, and decreased sensation at the right L5 dermatome. Her current medications were noted to include Advil, Aleve, and Fioricet. The treatment plan included a neurology consult, 2 visits of acupuncture, and a 4 week followup. The rationale for the request was not provided. The Request for Authorization form dated 09/02/2014 was provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ACUPUNCTURE SESSIONS: 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 chronic low back, neck pain, and headaches. The California MTUS Acupuncture Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. Additionally, the Guidelines recommend a trial of 6 visits to produce functional improvement. The clinical documentation submitted for review indicated that the injured worker has received 6 previous visits of acupuncture for her headaches. However, the documentation noted that these visits only helped somewhat with her pain. Additionally, the clinical note failed to indicate current functional deficits, such as decreased range of motion or decreased motor strength, or evidence of objective functional improvement with previous acupuncture therapy. Moreover, the request as submitted did not address the condition or the body part that the requested acupuncture sessions would be for. Additionally, the number of previous visits in combination with the requested number of visits exceeds the guideline recommendations. In the absence of the aforementioned documentation, the request as submitted does not support the evidence based guidelines. As such, the request for the request for 8 acupuncture sessions are not medically necessary.

1 PRESCRIPTION OF CYCLOBENZAPRINE #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The injured worker has chronic low back, neck pain, and headaches. The injured worker also noted occasional spasms in her right upper extremity. Upon physical examination of the lumbar spine, the injured worker was positive for rhomboid spasm. The California MTUS Guidelines recommend cyclobenzaprine as an option using a short course of therapy. The guidelines additionally state that the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The documentation submitted for review indicates that the injured worker is not in the acute phase of her injury. The injured worker's treatment is past 4 days for her injury. As such, the documentation submitted for review does not support the evidence based guidelines. Additionally, the request as submitted failed to include a frequency of use of cyclobenzaprine. As such, the request for 1 prescription of cyclobenzaprine #30 is not medically necessary.

1 Neurology Consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Office visits

Decision rationale: The request for 1 neurology consultation is not medically necessary. The injured worker has chronic low back, neck pain, and headaches. The clinical documentation submitted for review indicated the injured worker was using Fioricet headaches which helped to decrease pain and increase function. The Official Disability Guidelines recommend office visits to be medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation of 10/13/2014 notes that the injured worker was authorized to see a neurologist. However, the documentation submitted for review does not show evidence of the results from that previously authorized consultation. As the patient was previously authorized to see a neurologist, the documentation submitted for review does support the evidenced based guidelines. As such, the request for 1 neurology consultation is not medically necessary.