

Case Number:	CM14-0212290		
Date Assigned:	01/02/2015	Date of Injury:	01/24/2007
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 31-year-old woman with a date of injury of 1/24/2007 to her low back. She is working full duty and has been on chronic Fentanyl. Recent physical exam showed normal reflexes, sensation and strength in all limbs. Diagnoses: 1. Ankle pain. 2. Low back pain. 3. Right neuralgia. Acupuncture and Fentanyl were denied by UR due to lack of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The IW is a 31 y.o. woman with history of chronic low back pain. The most recent records indicate that she is working regular duties and is requesting additional acupuncture beyond the 6 she has already received. The most recent progress note state there were no significant changes. In this case, the injured worker has received maximal functional

benefit from her last course of acupuncture. Additional acupuncture is not medically necessary and recommendation is for denial.

Fentanyl 75mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.
Page(s): 74-94.

Decision rationale: The IW is a 31 y.o. woman with history of chronic low back pain. The most recent records indicate that she is working regular duties. She has been using Fentanyl chronically and continues to work regular duties at her job. There is mention of aberrant behavior and an unsuccessful attempt at weaning. There is no records of CURES reporting or urine drug testing. In this case, Fentanyl 75 mcg is requested. There is no indication of dosing or quantity requested and, as such, medical necessity cannot be established for unknown dosing or quantity of medication. Recommendation is for denial.