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| Case Number: | CM15-0011135 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 08/07/2012 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 12/26/2014 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 64-year-old female who reported an injury on 08/07/2012. The mechanism of injury was due to a fall. Her diagnoses included hypertension, lumbar sprain/strain, cervical sprain, and thoracic sprain/strain. Her past treatments included medications, injections, acupuncture, and physical therapy. On 12/12/2014, the injured worker complained of lumbar pain and cervical spine pain. The physical examination was illegible. The documentation indicated the injured worker has completed 6 sessions of acupuncture and a trial of traction. Relevant medications were not noted upon examination. The treatment plan included Tylenol #3 30/300mg QTY: 45, Acupuncture (visits), QTY: 12, and Home Cervical Spine Traction Unit. The rationale was not provided. A Request for Authorization form was submitted on 12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 30/300mg QTY: 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Tylenol #3 30/300mg QTY: 45 is not medically necessary. According to the California MTUS Guidelines, opioid medications require ongoing review and documentation in regards to pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant drug related behaviors. The injured worker was indicated to have been on Tylenol No. 3 for an unspecified duration of time. However, there was lack of documentation in regards to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects, and aberrant drug related behaviors. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Acupuncture (visits), QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture (visits), QTY: 12 is not medically necessary. According to the California MTUS Guidelines, acupuncture is allotted 3 to 6 visits to assist with pain reduction and functional improvement. Additional sessions would require documentation of objective functional improvement prior to additional sessions. The injured worker was indicated to have had 12 previous acupuncture visits sessions. However, there was lack documentation in regards to objective functional improvement or documentation of objective decrease in pain along with reduction in medication use. Based on the above, the request is not supported by the evidence based guidelines. In addition, the request as submitted exceeds the number of sessions recommended by the guidelines. As such, the request is not medically necessary.

Home Cervical Spine Traction Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Traction (mechanical)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, Traction (mechanical)

Decision rationale: The request for a Home Cervical Spine Traction Unit is not medically necessary. According to the California MTUS/ACOEM Guidelines, there is lack of scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. More specifically, the Official Disability Guidelines state, tractions are recommend for home cervical patient controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. The injured worker was noted to have lumbar pain and cervical

spine pain. However, there was lack of documentation the injured worker had radicular symptoms to support the use of a home cervical spine traction unit. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.