

Case Number:	CM15-0116065		
Date Assigned:	06/24/2015	Date of Injury:	10/10/2007
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 42 year old female who sustained an industrial injury on 10/10/2007. She reported a slip and fall with injury to the right shoulder, neck, and lower back. The injured worker was diagnosed as having intervertebral disc disorder of lumbar region with myelopathy; disorder of sacrum; and arthralgia of the pelvic region and thigh. Treatment to date has included L 5-S1 discectomy with disc graft. The worker has a history of opiate addiction and has been in recovery. She notes it is recently more difficult to control drug craving. Past treatments include acupuncture, chiropractic treatment, medication management, physical therapy, and massage therapy all with good results. Currently, the injured worker complains of pain along the lower back. Her medications continue to reduce her pain, giving her the ability to perform the normal activities of daily living. Her pain level with medications is 8/10 and without is a 10/10. Current medications include Soma, Acetaminophen, Ambien, Dilaudid, Gabapentin, Prilosec, Buspirone, Bupropion, Pamelor. She expresses concern about frequent cravings and worries about possible relapse of her addiction due to pain. The treatment plan includes additional acupuncture, and participation in an outpatient rehab program. Requests for authorization were made for the following: 1. 6 acupuncture sessions, 2. One (1) drug and alcohol services consultation for an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously, but there is no documentation of objective functional improvement from the therapy already provided. As such, the currently requested acupuncture is not medically necessary.

One (1) drug and alcohol services consultation for an outpatient: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has a history of opiate use disorder requiring inpatient hospitalization. Currently, she is noted to be compliant, but she expresses concern about frequent cravings and worries about possible relapse of her addiction due to pain. A consultation for consideration of outpatient treatment appears appropriate. In light of the above, the currently requested consultation is medically necessary.