

Case Number:	CM15-0119531		
Date Assigned:	06/30/2015	Date of Injury:	10/15/2014
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 38 year old female, who sustained an industrial injury on 10/15/2014. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed as having lumbago, lumbosacral neuritis/radiculitis, lower leg joint pain, lower limb reflex sympathetic dystrophy, chronic pain, edema, chronic lymphocytic thyroiditis, long-term non-steroidal anti-inflammatory use and muscle spasm. Lumbar magnetic resonance imaging was within normal limits. Treatment to date has included electromyography (EMG) and nerve conduction study (NCS) of the bilateral lower extremities that was within normal limits, epidural steroid injection, physical therapy and medication management. In a progress note dated 6/4/2015, the injured worker complains of low back pain and leg pain with intermittent numbness and swelling. Physical examination showed lumbar tenderness and pain with range of motion. The treating physician is requesting a SPECT computed tomography scan of the lumbar spine, 12 sessions of acupuncture and lab studies: thyroid panel, complete metabolic panel and complete blood count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab draw: Thyroid Panel, CMP and CBC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs including Celebrex can affect renal function. In this case, the claimant had been on Celebrex. There was no mention of concern of renal function. In addition, the claimant was on Synthroid and routine evaluation of the thyroid level may be needed; however, prior results, or indication for current need was not specified. In addition, the request for a CBC was also not justified and there was no mention of infection or bleeding to be concerned about an elevated white count or anemia. As a result, the request above is not medically necessary.

SPECT CT-scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical vs. Self-Management Model Page(s): 5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: In his case, the claimant had prior MRI (on 12/19/14) that was unremarkable and an EMG that showed L5/S1 radiculopathy. The claimant had undergone numerous interventions and had persistent pain. The physician requested a CT/SPECT to investigate the cause of the axial pain. According to the ACOEM guidelines, CT I of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for an CT/SPECT of the lumbar spine after recently completing a recent MRI is not medically necessary.

Acupuncture, lumbar spine 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" 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. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant had undergone therapy, medications, and injections. Response to an initial 6 sessions is unknown to warrant 12 sessions. In addition, acupuncture is considered an option and is not medically necessary.