MAXIMUS Federal Services

| Case Number: | CM15-0170257 | | |
|---|---|---|---|
| Date Assigned: | 09/10/2015 | Date of Injury: | 03/14/2015 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/05/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

## 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: Preventive Medicine, Occupational 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 56 year old male who sustained an industrial injury on 3-14-15 from a slip and fall injuring his back and right leg. Diagnoses include lumbar sprain, strain; sciatica; right hamstring strain. He currently complains of constant low back pain (pain level of 7 out of 10) radiating to the right lower extremity which is lessened since starting acupuncture treatments. On physical exam of the lumbar spine there was tenderness on palpation, decreased range of motion; right knee tenderness with McMurray's increasing pain, decreased range of motion. Diagnostics included MRI of the lumbar spine (4-7-15) showing discogenic disease; computed tomography of the right lower extremity (4-7-15) showing degenerative changes. Treatments to date include prior acupuncture with benefit but number of sessions not documented; medications; hydrocodone-acetaminophen. In the progress note dated 6-26-15 the treating provider's plan of care requests acupuncture 2x3. The injured worker had a heart attack two weeks ago and had to stop his pain medication per cardiologist. He had been seeing acupuncturist with benefit prior to the heart attack. In addition there were request for pain management consult; orthopedic consult regarding the lumbar spine. The request for authorization dated 7-28-15 included acupuncture, lumbar spine 2x3; pain management; orthopedic consult, lumbar spine; follow up visit in one month. On 8-5-15 utilization review evaluated and non-certified the requests for acupuncture 2x3 for the lumbar spine based on no documentation of the number of previous visits or documentation of objective improvement; pain management consult based on no documentation that diagnostic and therapeutic management has been exhausted within the treating physicians scope of practice; orthopedic consult based on no documentation that diagnostic and therapeutic management has been exhausted within the treating physicians scope of practice; follow up visit in one month (which was certified per utilization review).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

**Decision rationale:** The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. The patient fits the aforementioned criteria, therefore is medically necessary.

**Ortho consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127, Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** According to the ACOEM Guidelines, referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Failure of conservative treatment to resolve disabling radicular symptoms. In addition, the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request and the patient's recent cardiac event prevents elective surgery. Ortho consult is not medically necessary.

**Pain management consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127, Official Disability Guidelines, Low back chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

**Decision rationale:** The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The guidelines state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. The patient's treatment options are limited at this time due to his current cardiac status and an expert opinion should be obtained in regard to treating the patient's pain. I am reversing the previous UR decision. Pain management consult is medically necessary.

**Acupuncture 2 x 3 lumbar:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). The patient has previously been authorized for visits with an acupuncturist, but the total number was not available in the records supplied for review. There is documentation in the medical record that the patient has had functional improvement and pain relief with the trial of visits of acupuncture previously authorized, however. I am reversing the previous UR decision. Acupuncture 2 x 3 lumbar is medically necessary.