

Case Number:	CM15-0174901		
Date Assigned:	09/16/2015	Date of Injury:	04/28/2015
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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: North Carolina
 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 33 year old female who sustained an industrial injury on 4-28-15. The injured worker reported pain in the low back, neck, left hip and intermittent headaches. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar myalgia, lumbar myospasms and left sided lumbar neuritis-radiculitis. Medical records dated 7-24-15 indicate pain rated at 5 to 6 out of 10 while at rest and 8 to 9 out of 10 with activities. Provider documentation dated 7-24-15 noted the work status as full duty. Treatment has included lumbar and cervical radiographic studies (4-28-15) revealing normal intact lumbar spine without evidence of fracture, physical therapy, lumbar spine magnetic resonance imaging (6-24-15), and Voltaren gel. Objective findings dated 7-24-15 were notable for lumbar spine tenderness to palpation with spasm noted in the paravertebral region, right sided straight leg testing positive, restricted range of motion due to pain and spasm. The original utilization review (8-14-15) partially approved a request for Acupuncture treatment to lumbar spine 2 times a week for 4 weeks and Flexeril 10 milligrams quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment to lumbar spine 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments; 2. Frequency: 1-3 times per week; 3. Optimum duration is 1-2 months; 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 8 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore the request is in excess of the recommended initial treatment sessions and not medically necessary.

Flexeril 10mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has been prescribed for the flare-up of chronic low back pain as evidenced by the physical exam showing increased spasm and decreased range of motion. Therefore the request is medically necessary.