

Case Number:	CM15-0179399		
Date Assigned:	09/30/2015	Date of Injury:	06/15/2007
Decision Date:	11/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

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 is a 58 year old female, who sustained an industrial-work injury on 6-15-07. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain and right lower extremity (RLE) radiculitis. Medical records dated 7-10-15 indicate that the injured worker complains of back pain rated 2-3 out of 10 on the pain scale with medication, 6-9 out of 10 without medications and the duration of relief is 4 hours plus. The pain is described as sharp, frequent, mild to moderate with numbness. The medical records also indicate improvement of the activities of daily living with standing and walking ability increased from 30 minutes to 1 hour, sitting ability increased from 1 hour to 3 hours, lifting increased from 5 pounds to 10 pounds and improved activities of daily living (ADL) and sleep. Per the treating physician, report dated 7-10-15 the injured worker has returned to work with modified duties. The physical exam dated 7-10-15 reveals lumbar spasms, positive straight leg raise right lower extremity (RLE), decreased lumbar range of motion and decreased sensitivity on the right lower extremity (RLE) of the L4 and L5. Treatment to date has included pain medication including Ultram, Prilosec and Voltaren, physical therapy (12 sessions), diagnostics, modified duty, home exercise program (HEP) and other modalities. The treating physician indicates that the urine drug test result dated 7-10-15 was consistent with the medication prescribed. Magnetic resonance imaging (MRI) of the lumbar spine dated 6-23-15 reveals L3-4 and L4-5 there is a broad disc bulge resulting in effacement of the anterior thecal sac with mild central canal narrowing. The requested services included Acupuncture, twice weekly for 3 weeks, lumbar spine Qty: 6 (per 07-10-15 order), random urine sample (drug

screen) Qty: 1 (per 07-10-15 order) and Back brace quick draw, lumbar spine, Qty: 1 (per 07-10-15 order). The original Utilization review dated 8-12-15 non-certified the request for Acupuncture, twice weekly for 3 weeks, lumbar spine Qty: 6 (per 07-10-15 order), Random urine sample (drug screen) Qty: 1 (per 07-10-15 order) and Back brace quick draw, lumbar spine, Qty: 1 (per 07-10-15 order) as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice weekly for 3 weeks, lumbar spine Qty: 6 (per 07/10/15 order):

Overtured

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in June 2007 and is being treated for low back pain and right lower extremity radicular symptoms. Medications being prescribed include Tramadol. When seen, there had been completion of 12 physical therapy sessions. Physical examination findings included lumbar muscle spasms with positive right straight leg raising. There was decreased range of motion and right lower extremity sensation was decreased. Medications were decreasing pain from 6-7/10 to 2-3/10. Imaging results include multilevel spondylosis. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has already had physical therapy and would be expected to be able to perform a home exercise program in combination with acupuncture treatments. The requested number of treatments is within guideline recommendations and was medically necessary. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not considered medically necessary. Low Back & Lumbar & Thoracic (Acute & Chronic), Lumbar supports American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months and the request was medically necessary.

Random urine sample (drug screen) Qty: 1 (per 07/10/15 order): Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in June 2007 and is being treated for low back pain and right lower extremity radicular symptoms. Medications being prescribed include Tramadol. When seen, there had been completion of 12 physical therapy sessions. Physical examination findings included lumbar muscle spasms with positive right straight leg raising. There was decreased range of motion and right lower extremity sensation was decreased. Medications were decreasing pain from 6-7/10 to 2-3/10. Imaging results include multilevel spondylosis. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months and the request was medically necessary.

Back brace quick draw, lumbar spine, Qty: 1 (per 07/10/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in June 2007 and is being treated for low back pain and right lower extremity radicular symptoms. Medications being prescribed include Tramadol. When seen, there had been completion of 12 physical therapy sessions. Physical examination findings included lumbar muscle spasms with positive right straight leg raising. There was decreased range of motion and right lower extremity sensation was decreased. Medications were decreasing pain from 6-7/10 to 2-3/10. Imaging results include multilevel spondylosis. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not considered medically necessary.