

Case Number:	CM15-0037791		
Date Assigned:	03/06/2015	Date of Injury:	09/19/2011
Decision Date:	05/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female, who sustained an industrial injury on 9/19/11. She reported initial complaints of neck and low back. The injured worker was diagnosed as having cervical radiculopathy; cervical strain; lumbar radiculopathy; lumbar strain; bilateral hip strain. Treatment to date has included chiropractic therapy; physical therapy; EMG/NCV upper extremities (9/12/14). An Agreed Medical Reevaluation documentation dated 9/21/14 was submitted for this review. The documentation indicates the injured worker complains of neck pain and bilateral upper extremities; low back pain to the bilateral lower extremities and bilateral hip pain. She complains of numbness of shoulders and arms and low back and legs. The injured worker is observed walking with a cane. She is currently treated with Naprosyn with omeprazole, cyclobenzaprine; hydrocodone and tramadol and has had shock wave therapy for her spine. There was no other medical documentation submitted in support of the requested treatment: follow-up in 4 weeks; UA test; and acupuncture 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up in 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The patient presents with pain affecting the cervical & lumbar spine and the bilateral hip. The current request is for Follow up in 4 weeks. The report with this request was not provided for review. The treating physician states, she should have doctor visits about once every two to three months. Conservative medications should be provided. (10B) The MTUS guidelines state that the treating physician must monitor the patient and provide appropriate treatment recommendations. In this case, the treating physician has documented a need for the patient to return for follow up medical appointments to help monitor the patient's treatment. The current request is medically necessary and the recommendation is for authorization.

UA Test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89. Decision based on Non-MTUS Citation ODG, Pain chapter, Urine Drug Testing.

Decision rationale: The patient presents with pain affecting the cervical & lumbar spine and the bilateral hip. The current request is for UA Test. The report with this request was not provided for review. The AME physician report dated 12/12/14 states, stronger medications such as opioids should be either not given or given with great caution. (10B) The MTUS guidelines state that for opioid usage, urine drug screens may be required. In this case, there is no documentation provided to indicate if prior drug screen testing was performed. The AME report states that the patient is currently taking Naprosyn, Omeprazole, Cyclobenzaprine, Hydrocodone and Tramadol. MTUS supports once yearly drug screenings and there is no documentation that the patient has had a recent urine drug screen. The current request is medically necessary and the recommendation is for authorization.

Acupuncture 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with cervical & lumbar spine and the bilateral hip. The current request is for Acupuncture 2 x 4. The report with this request was not provided for review. The AME physician states, there is no documentation that the claimant is actively seeking physical rehabilitation or surgical intervention (8A). The Acupuncture Medical Treatment guidelines state, time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. In this case, the treating physician has prescribed an amount which would exceed the recommend guideline of 6 visits. Additionally, the body parts where acupuncture would be performed were not documented. The current request is not medically necessary and the recommendation is for denial.