MAXIMUS Federal Services

Case Number:	CM15-0061229		
Date Assigned:	04/07/2015	Date of Injury:	09/07/2011
Decision Date:	05/29/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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: 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 42 year old male, who sustained an industrial injury on 9/7/11. The injured worker has complaints of low back pain with radiation to right leg. The diagnoses have included lumbar intervertebral disc disorder. Treatment to date has included physiotherapy; magnetic resonance imaging (MRI) of the lumbar spine; electromyography reveals L4/L5 radiculopathy on the right and three failed lumbar epidural injections. The documentation noted on the Progress Report dated 2/24/15 that surgery was approved many months ago and the injured worker has decided that he does want the surgery. The request was for pain cream; lumbar acupuncture; follow up with spine surgeon and follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not supported. The injured worker was noted to have undergone a lumbar spine surgical intervention. However, there was lack of documentation indicating the injured worker has failed a trial of antidepressants and anticonvulsants. Moreover, the request as submitted failed to specify the topical compound, frequency, dosage, and quantity. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Lumbar Acupuncture 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California Acupuncture Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, 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. The guidelines also specify that the ?time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months. The injured worker was noted to have chronic lumbar spine pain and to have undergone a surgical intervention. However, there was lack of documentation indicating acupuncture will be used as an adjunct to physical rehabilitation. There was also lack of documentation indicating acupuncture would be medically necessary due to pain medication reduction or intolerance. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Follow Up with Spine Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines -TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the California MTUS/ACOEM Guidelines, physician follow up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. The injured worker was noted to have undergone a lumbar surgical intervention. However, there was lack of documentation indicating the injured worker has been released back to work. There

was also lack of documentation specifying the patient's duty levels to indicate the medical necessity for follow ups. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Follow up PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines -TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the California MTUS/ACOEM Guidelines, physician followup can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician followup might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. The injured worker was noted to have undergone a lumbar surgical intervention. However, there was lack of documentation indicating the injured worker has been released back to work. There was also lack of documentation specifying the patient?s duty levels to indicate the medical necessity for follow-ups. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.