

Case Number:	CM15-0096353		
Date Assigned:	05/26/2015	Date of Injury:	10/02/2010
Decision Date:	06/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California
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 55-year-old female, who sustained an industrial injury on 10/02/2010. She has reported subsequent low back pain and was diagnosed with lumbar disc displacement. Treatment to date has included oral and topical pain medication, lumbar epidural injections, median branch blocks, chiropractic therapy and physical therapy. In a progress note dated 05/01/2015, the injured worker complained of chronic low back pain with radiation of pain, numbness and tingling down the posterolateral aspect of the left leg to the toes. Objective findings were notable for spasm and guarding in the lumbar paraspinal musculature and pain with axial loading of the facet joints, right side greater than left. A request for authorization of 12 sessions of acupuncture and a trial of Buprenorphine sublingual tablets was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions: 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 guidelines, "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. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has undergone prior therapy, invasive procedures and medications. The request for 12 sessions of acupuncture exceeds the amount to determine functional improvement. As a result, the 12 sessions of acupuncture is excessive and not medically necessary.

Buprenorphine 0.1 mg sublingual #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Buprenorphine Page(s): 26.

Decision rationale: According to the guidelines, Buprenorphine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. There was no mention of failed prior narcotics, Tylenol or Tricyclics. The request for Buprenorphine is not medically necessary.