

Case Number:	CM15-0099478		
Date Assigned:	06/01/2015	Date of Injury:	03/22/1999
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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: New Jersey, New York
 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 71 year old female, who sustained an industrial injury on 3/22/1999. She reported injury while helping a patient move. The injured worker was diagnosed as having an anterior cervical discectomy and fusion in 2001, lumbar degenerative disc disease, lumbar facet arthropathy, back and neck pain, lumbar radiculopathy and cervical radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included surgery, lumbar injections, physical therapy and medication management. In a progress note dated 4/27/2015, the injured worker complains of neck and low back pain and bilateral lower extremity complaints. The treating physician is requesting lumbar magnetic resonance imaging, CM3-Ketoprofen 20 %, 8 sessions of acupuncture, adjustable bed and house keeper 5 hours per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.
 Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG), Low Back Section (updated 3/14/11).

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, MRIs.

Decision rationale: The request for a repeat MRI is medically unnecessary. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no documentation of progressive neurological deficits and red flags. Because of these reasons, the request for a repeat lumbar MRI is not medically necessary.

Acupuncture to cervical/lumbar spine 2 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Neck & Upper Back: Acupuncture (<http://odg-twc.com/>).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 sessions per week for four weeks is medically unnecessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 8 sessions. Therefore, the request is not medically necessary.

CM3-Ketoprofen 20%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://odg-twc.com/odgtwc/odgtwc/pain.htm#Topicalanalgesics>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy of topical NSAIDs have shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short term use. It is not recommended for neuropathic pain. Ketoprofen is not FDA approved for topical application. Therefore, the request is not medically necessary.

Housekeeper once per week for 5 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request is considered not medically necessary as stated. According to MTUS, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Therefore, the request as stated is considered not medically necessary.

Adjustable bed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Hospital Beds and Accessories (http://www.aetna.com/cpb/medical/data/500_599/0543.html).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 302. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, mattress selection.

Decision rationale: The request is considered not medically necessary. MTUS does not address the use of an adjustable bed but mentions bed rest for only 1-2 days. According to ODG guidelines, there are no high quality studies looking at mattresses for the treatment of low back pain. Mattress selection is subjective and depends on personal preference and individual factors. The patient is unable to tolerate laying on her side but there was no documentation of use of pillow and wedges to provide comfort. Therefore, the request is considered not medically necessary.