

Case Number:	CM13-0003160		
Date Assigned:	06/06/2014	Date of Injury:	09/28/2012
Decision Date:	07/28/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/24/2013

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. The expert reviewer is Board Certified in Anesthesia has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old female with date of injury 9/28/12 with related low back pain. MRI of the lumbar spine dated 5/2/13 revealed at L3-L4, broad-based disc protrusion that abuts the thecal sac. Combined with facet and ligamentum flavum hypertrophy there is spinal canal narrowing as well as bilateral neuroforaminal narrowing. At L4-L5, grade 1 lytic spondylolisthesis of L4. It measures 4 mm in neutral, 4 mm in flexion and 4 mm in extension. Combined with a disc protrusion and facet and ligamentum flavum hypertrophy there is marked spinal canal narrowing and bilateral lateral recess and neuroforamina narrowing. At L5-S1, broad-based disc protrusion and facet hypertrophy produces spinal canal narrowing and bilateral neuroforaminal narrowing. Posterior annular tear/fissure. It is not stated in the documentation whether physical therapy was utilized. It is not stated in the documentation whether medication management of pain was utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Therefore, the request for pain management consult is not medically necessary.

ACUPUNCTURE TWICE A WEEK FOR FOUR WEEKS FOR THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines page 9, Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20The documentation submitted for review contains only a few illegible progress reports which do not address the request. Therefore, the request for acupuncture twice a week for four weeks for the left lower extremity is not medically necessary.