

Case Number:	CM13-0017822		
Date Assigned:	01/03/2014	Date of Injury:	08/10/2009
Decision Date:	03/25/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 53-year-old male who reported an injury on 08/10/2009, secondary to a fall. The patient is diagnosed with herniated nucleus pulposus of the cervical and lumbar spine with stenosis, cervical and lumbar radiculopathy, chronic mid-back pain, right shoulder impingement bursitis, status post right shoulder surgery, and urinary frequency. The patient was seen by [REDACTED] on 07/19/2013. The patient reported ongoing neck, low back, and right hip pain, as well as bilateral shoulder complaints. Physical examination revealed tenderness to palpation of the cervical and lumbar spine, reduced cervical range of motion, decreased sensation, intact sensation in bilateral lower extremities, decreased strength, and positive straight leg raising. Treatment recommendations included a mesh back support, acupuncture treatment 1 time per week for 6 weeks, and one LSO (Lumbar-Sacral Orthotic) corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for one Mesh Back Support- XXL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation of the lumbar spine. There was no documentation of a significant musculoskeletal or neurological deficit. There is also no documentation of significant instability. The medical necessity for the requested durable medical equipment has not been established. As such, the request of one Mesh Back Support- XXL is not medically necessary and appropriate.

Decision for one LSO (Lumbar-Sacral Orthotic) Corset: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation of the lumbar spine. There was no documentation of a significant musculoskeletal or neurological deficit. There is also no documentation of significant instability. The medical necessity for the requested durable medical equipment has not been established. As such, the request of one LSO (Lumbar-Sacral Orthotic) Corset is not medically necessary and appropriate.

Decision for six Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments. As per the documentation submitted, the patient has completed 18 sessions of acupuncture treatment. However, documentation of the previous course of therapy was not provided. Despite ongoing treatment, the patient continues to report high levels of pain. Without evidence of objective measurable improvement following the initial course of acupuncture therapy, ongoing treatment cannot be determined as medically appropriate. Therefore, the request of six Acupuncture Sessions is not medically necessary and appropriate.