

Case Number:	CM13-0028641		
Date Assigned:	01/31/2014	Date of Injury:	11/16/2011
Decision Date:	04/25/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in 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 patient is a 23 year old male who was injured on 11/17/2011, injured his upper and mid back and the neck when bending and twisting his torso, bending at the waist and moving heavier boxes. He describes twisting-type injury in the mid and upper back while bending and lifting. He felt a pulling sensation in his back while lifting a fifteen to twenty-pound box. The patient's treatment history includes chiropractic treatment, acupuncture therapy, and pain medications. Diagnostic studies reviewed include MRI spine lumbar WO on 06/03/2013 showed mild disk degeneration at L5-S1 with mild bilateral foraminal narrowing. MRI of the thoracic spine on 03/14/2012 showed normal MRI study of the thoracic spine. Progress note dated 05/01/2013 documented the patient to have complaints of lots of difficulty standing or walking for thirty minutes to an hour because of complaints in his right leg, right lower back and right foot, some difficulty with pushing and pulling activities because of complaints in his right lower back, right leg and right foot, lots of difficulty with kneeling, bending and squatting because of complaints in his right ankle, right leg, and right lower back. Objective findings on exam included ankles and feet: There are no complaints regarding the ankle or feet. There is good mobility and strength. Range of motion is within normal limits. There is no palpable tenderness over the medial or lateral malleolus or anterior capsules of the ankle joint. There is no tenderness over the metatarsal heads. There is no evidence of tarsal tunnel or plantar fasciitis. There is a negative Tinel's sign. There is no valgus deformity or evidence of hammertoes. There are no positive findings for Morton's neuroma.

IMR ISSUES, DECISIONS AND RATIONALES

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

STP CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127..

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 92/297.

Decision rationale: The request is for an STP consult. However, the medical records do not specify what type of consultation this is. It is not clear how this type of consultation is expected to impact or effect this patient's course of care. Furthermore, considering that the examination 05/01/2013 was unremarkable, and imaging studies did not demonstrate any significant findings, the purpose of a special consultation or referral is not clear. Consequently, the medical necessity of an STP consult has not been established

ACUPUNCTURE TIMES 6 FOR THORACIC, LUMBAR AND RIGHT ANKLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient's prior treatment has included acupuncture treatment. The medical records do not establish the patient obtained notable objective functional improvement with decrease in medication use, as a result of prior acupuncture treatment. Progress note dated 05/01/2013 documents an unremarkable examination of the bilateral lower extremities. The MRI studies revealed mild disk degeneration at L5-S1 with mild bilateral for narrowing, and otherwise normal imaging studies of the lumbar and thoracic spine. There does not appear to be any significant findings or functional deficits on examination that would potentially benefit from acupuncture treatment. The medical necessity of acupuncture treatment has not been established.