MAXIMUS Federal Services

Case Number:	CM13-0031718		
Date Assigned:	12/04/2013	Date of Injury:	09/20/2012
Decision Date:	04/24/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgery, 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 37-year-old who sustained an injury to the low back on September 20, 2012. The medical records provided for review included an October 22, 2013 follow-up report noting subjective complaints of pain in the low back and noted that the patient finished a significant course of acupuncture treatments that were helpful. It noted that the patient declined an epidural steroid injection that had been offered. Objectively on examination there was restricted range of motion at end points with 5/5 motor strength with the exception of 4/5 to the left ankle plantar flexion and left great toe extension. Knee and ankle examination showed full motion. The patient's working diagnoses were displacement of lumbar disc with lumbago. Reviewed was a report of an MRI that showed facet arthropathy and retrolisthesis from L2-3 through L5-S1 with disc bulging and foraminal stenosis. Recommendations were for an additional course of acupuncture and an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE WITH MODALITIES 1 TIMES PER WEEK FOR 6 WEEKS FOR LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS Acupuncture 2009 Guidelines do not support further acupuncture. The Acupuncture Guidelines recommend that the optimal duration for acupuncture would be one to two months with timeframe to demonstrate functional improvement of three to six treatments. The medical records document that the patient has recently finished a significant course of acupuncture. The continued role of acupuncture given the amount of sessions already utilized and optimal duration of treatment for one to two months according to the Acupuncture Guidelines would fail to necessitate the further request in this case. The request for Acupuncture with modalities, once per week for six weeks, for the lower back, is not medically necessary or appropriate.

MRI LUMBAR SPINE SERIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114, 303-304,. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 and 303.

Decision rationale: Based on Low Back Complaints Chapter of the ACOEM Practice Guidelines, a repeat MRI scan of the lumbar spine would not be indicated. Records indicate the patient has a recent MRI scan that clearly demonstrates degenerative and discogenic processes. This would be highly consistent with the patient's current physical examination findings. The need for a repeat MRI in absence of documentation of advancement of symptoms or physical examination findings would not be warranted. The request for and MRI lumbar spine series is not medically necessary or appropriate.