

Case Number:	CM13-0036853		
Date Assigned:	12/13/2013	Date of Injury:	02/08/2013
Decision Date:	02/13/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/22/2013

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 Orthopedic Surgery, has a subspecialty in Spinal 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 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 34 year old male with a date of injury of 2/8/13. Clinical records report low back pain with radiation to the testicles. A report from 9/13/13 shows tenderness in lumbosacral paraspinal musculature. The neurological examination was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: 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): 303.

Decision rationale: The decision is based upon the American College of Occupational and Environmental Medicine (ACOEM), chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states that "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will

result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings. There is no documentation of nerve root dysfunction or the failure of a treatment program such as physical therapy. Therefore, the request for an MRI of the lumbar spine is not medically necessary.

acupuncture 2-3 times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Medical Treatment Guidelines, the frequency and duration of acupuncture (with or without electrical stimulation) may be performed on a trial basis of 3-6 treatments 1-3 times a week over the course of 1-2 months. Treatments may be extended if functional improvement is documented. The guidelines specifically report 3-6 treatments initially. As the request is for 12 visits, the request is not medically necessary.