MAXIMUS Federal Services

Case Number:	CM13-0037212		
Date Assigned:	06/13/2014	Date of Injury:	12/14/2009
Decision Date:	08/05/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/27/2013

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 Occupational and Environmental Medicine and is licensed to practice in West Virginia. 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 individual is a 67 year old male with a 12-14-09 date of injury in which he injured his left knee, right knee, left elbow, left shoulder and lower back. Pertinent Past surgical history includes left shoulder hemiarthroplasty; bicipital tenodesis; greater tuberosity reconstruction and removal of loose bodies. He has had arthroscopic surgeries on both knees, as well. No surgical back history noted. The patient has been diagnosed with a lumbar strain, and he describes his pain as constant and rates it at a 7-9/10 (subjective). Objective findings include bilateral midline tenderness to palpation of paravertral muscles, tenderness at the sacroiliac joint with direct palpation, straight leg test is positive bilaterally. The patient has received physical therapy for his lumbar spine and is noted to do exercises and stretching at home. He started acupuncture on 7-15-13 for his low back symptoms, and reported a decrease in his pain from a 9 out of 10 to a 5 out of 10. He also stated that he has been able to decrease his usage of Norco, perform more of his activities of daily living and walk/stand for longer periods of time. The utilization review dated 9-6-13 pertains to his request for additional acupuncture and a CT scan of the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X6 WKS: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar (Acute and Chronic) Acupuncture.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The Acupuncture guidelines recommend 1-3 times a week. Functional improvement must be noted within the first 3-6 treatments. The patient had improvement, a 28% reduction in pain symptoms, an increase in ability to perform his activities of daily living (ADL), a decrease in the amount of his prescribed pain medication (Norco), and an increase in his ability to stand and walk for longer periods. The Official Disability Guidelines (ODG) do not recommend acupuncture for acute low back pain (LBP), but may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts. The initial trial should be 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. The patient had improvement after the initial trial period for lower back pain (4 visits), subsequently ODG recommends 8-12 visits total. The request for 12 visits beyond the trial of 4, exceeds the ODG recommendations and is therefore not medically necessary.

CT SCAN OF 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): 303-304.

Decision rationale: Computed Tomography (CT) is an imaging study used to view bony structures. Per MTUS Guidelines, CT is useful in identifying disk protrusion, Cauda Equina Syndrome, Spinal Stenosis and Post-laminectomy Syndrome. In the individual's most recent examination he was charted as having a lumbar strain. ODG Guidelines state that CT is not an effective means for diagnosing the pathology of a lumbar strain. Additionally, the individual has reported a decrease in his back pain (28%) post acupuncture treatments and physical, and in increase in his ADL. As charted, no imaging would be recommended when an individual is currently experiencing an improvement in symptoms with current supportive therapy. Therefore, a CT of the lumbar spine is not medically necessary.