

Case Number:	CM13-0039818		
Date Assigned:	01/03/2014	Date of Injury:	11/26/2012
Decision Date:	03/25/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/09/2013

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 38-year-old male who reported an injury on 11/26/2012. The mechanism of injury was not submitted. The patient was diagnosed with lumbar muscle spasm, lumbar disc protrusion, lumbar degenerative disc disease, lumbar annular tear, lumbar facet hypertrophy, and lumbar foraminal narrowing. The patient complained of low back pain. The patient reported frequent to moderate severe pain with stiffness that radiated down the left leg with numbness and tingling. The patient complained of loss of sleep due to pain. Objective findings revealed decreased range of motion with the lumbar spine. The Kemp's test caused pain, as well as a sitting straight leg raise. The patient was recommended acupuncture, a follow-up with an orthopedist, and a follow-up with a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once per week for four weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS states 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 patient complained of moderate to severe low back pain. However, the documentation does not indicate the patient had his medication reduced or that the patient was not tolerating the medication. Given the lack of documentation to support guideline criteria, the request is non-certified.

Follow-Up with an Orthopedist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office visits.

Decision rationale: CA MTUS/ACOEM does not address the request. The Official Disability Guidelines state evaluation and management outpatient visits to the offices of medical doctors play a critical role in proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The patient complained of low back pain. However, the documentation submitted for review does not indicate a change in the patient's symptoms. Given the lack of documentation to support guideline criteria, the request is non-certified.

Follow-Up with a Neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office visits.

Decision rationale: CA MTUS/ACOEM does not address the request. The Official Disability Guidelines state evaluation and management outpatient visits to the offices of medical doctors play a critical role in proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The patient complained of low back pain. However, the documentation submitted for review does not indicate a change in the patient's symptoms. Given the lack of documentation to support guideline criteria, the request is non-certified.