

Case Number:	CM13-0042101		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2006
Decision Date:	04/30/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 2, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; left and right carpal tunnel release surgery; 24 sessions of acupuncture in 2011, per the claims administrator; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of October 7, 2013, the claims administrator denied a request for additional acupuncture and also denied a lumbar MRI. The applicant's attorney subsequently appealed. A handwritten progress note of November 11, 2013 is difficult to follow, not entirely legible, and notable for comments that the applicant's low back symptoms have eased up a little. The applicant is still using Tylenol No. 3 for pain relief and has some tingling about the left great toe. Symmetric lower extremity reflexes are noted, 2/5, with 5/5 lower extremity strength noted. The applicant's sensation is intact on this visit. Additional acupuncture and lumbar MRI imaging are again pursued through the IMR process. In a progress note dated August 26, 2013, the applicant is again returned to regular work. The applicant is issued with refills of Flexeril and Tylenol with Codeine. On September 28, 2013, the applicant was described as having a flare-up of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TIMES 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there has been no such evidence of functional improvement with the 24 prior sessions of acupuncture. In this case, however, there is no evidence of ongoing functional improvement despite completion of 24 earlier sessions of acupuncture. The applicant has plateaued in terms of the functional improvement measures established in section 9792.20f. While the applicant has returned to regular work, she remains highly reliant and dependent on various forms of medical treatment, including medications such as Tylenol No. 3 and Flexeril. Additional acupuncture without ongoing evidence of functional improvement is not supported. Therefore, the request is not certified.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, unequivocal objective findings which identify neurologic compromise is sufficient evidence to warrant imaging studies in applicants who do not respond to treatment and who would consider surgery an option. In this case, however, it does appear that the applicant's flare-up of low back pain has subsided of its own accord. There is no evidence that the applicant has significant neurological compromise as evinced by lower extremity weakness. The applicant's motor function is described as well preserved, scored at 5/5 about the bilateral lower extremities. There is no evidence that the applicant is actively considering or contemplating surgery. Therefore, the request for a lumbar MRI is not certified, on Independent Medical Review.