MAXIMUS Federal Services

Case Number:	CM13-0044223		
Date Assigned:	06/09/2014	Date of Injury:	02/28/2013
Decision Date:	07/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & 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 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:

This 40 year-old patient sustained an injury on 2/28/13 while employed by [redacted]. Request(s) under consideration include Magnetic Resonance Imaging (MRI) Of The Lumbar Spine 10/3/2013 and 11/17/2013 and one session of acupuncture between 10/3/2013 and 11/17/2013. Report from the provider noted the patient with chronic low back pain that radiates into the lower extremities. Pain is rated at 9/10 without medications and 7/10 with medications. The patient also complained of left knee pain rated at 7-9/10 and right ankle pain rated at 6-8/10. Exam of the lumbar spine showed limited range of motion with flex/ext/left & right lateral bending/left and right rotation of 45/20/25/25/20/20 degrees respectively; tenderness to palpation and spasms in the paraspinal lumbar musculature; tenderness/pain and mildly decreased range in the left knee and right ankle. Report of 10/7/13 from pain management provider noted patient with low back pain. Brief exam findings included lumbar spine with tenderness on palpation; decreased range of motion on flexion and extension (no degrees specified). Diagnoses included Lumbar spine strain/sprain; Left knee sprain/strain; and Right ankle sprain/strain. Treatment plan noted multiple medications including compounded topicals. Report of 10/3/13 from the provider noted patient with low back and left knee pain. Exam of lumbar spine showed full range of motion with tenderness over paraspinal muscles; negative SLR test; left knee with tenderness over knee. Diagnoses include lumbar spine HNP (Herniated Nucleus Pulposus) with radiculopathy; left knee sprain/strain. Treatment included medications, Physical Therapy, chiropractic care. Request(s) for Magnetic Resonance Imaging (MRI) Of The Lumbar Spine 10/3/2013 and 11/17/2013 and one session of acupuncture between 10/3/2013 and 11/17/2013.were non-certified on 10/8/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Of The Lumbar Spine 10/3/2013 and 11/17/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact neurological exam throughout bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Magnetic Resonance Imaging (MRI) Of The Lumbar Spine 10/3/2013 and 11/17/2013 is not medically necessary and appropriate.

ONE SESSION OF ACUPUNCTURE BETWEEN 10/3/2013 AND 11/17/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, pages 8-9 Page(s): 8-9.

Decision rationale: According to MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The one session of acupuncture between 10/3/2013 and 11/17/2013 is not medically necessary and appropriate.