

Case Number:	CM13-0047701		
Date Assigned:	12/27/2013	Date of Injury:	08/23/2000
Decision Date:	03/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 23, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and reported return to regular duty work. In a Utilization Review Report of October 23, 2013, the claims administrator denied a request for lumbar MRI imaging, denied a request for electrodiagnostic testing, and partially certified a request for 12 sessions of acupuncture as six sessions of acupuncture. The applicant's attorney subsequently appealed. An earlier clinical progress note of September 5, 2013 is notable for comments that the applicant works a 9/80 schedule. The applicant is currently working regular duty, it is stated. The applicant has low back pain which sometimes shoots to the upper back, increased with activities such as prolonged standing, walking, and sitting. The applicant does have a history of sleep apnea and uses a CPAP machine for the same. The applicant is obese with a height of 5 feet 9 inches and a weight of 304 pounds. 5/5 lower extremity strength and normal sensorium are noted despite positive straight leg raising on the right. MRI imaging, electrodiagnostic testing, 12 sessions of acupuncture, and regular duty work are endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lower back, three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, the 12 sessions of treatment being sought by the attending provider represent treatment in excess of MTUS parameters. Therefore, the request is not certified, on Independent Medical Review.

MRI of the lumbar spine, non-contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Low Back regarding MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, unequivocal objective findings which identify neurologic compromise are sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would consider a surgical remedy were it offered to them. In this case, however, the applicant does not appear to be a surgical candidate. He has, all things considered, responded favorably to conservative treatment. He has returned to regular duty work. Acupuncture was, furthermore, partially certified by the claims administrator. There is no clear evidence of neurologic compromise noted on the most recent office visit as the applicant did retain well-preserved, 5/5 lower extremity strength. For all of these reasons, the proposed lumbar MRI is not certified, on Independent Medical Review.

Electromyography (EMG) of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, when a neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The said physiologic evidence can be obtained via EMG testing, which ACOEM notes can be useful to identify subtle neurologic dysfunction in those applicants with low back symptoms which last greater than three to four weeks. In this case, the applicant has long-standing low back pain issues. Obtaining EMG testing to help clearly delineate the nature of the same is indicated and appropriate. Therefore, the request is certified.

Nerve Conduction Study (NCS) of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS does not address the topic. As noted in the updated ACOEM Guidelines, nerve conduction testing is usually normal in a suspected radiculopathy. In this case, radiculopathy is, indeed, the diagnosis suspected here. However, other conditions can mimic sciatica, which include generalized peripheral neuropathy, peroneal compression neuropathy, etc. In this case, however, the applicant does not have any systemic disease processes such as diabetes and/or hypertension which would call into question of generalized peripheral neuropathy. No clearly voiced suspicion of neuropathy was raised on the progress note in question. Therefore, the request is not certified.