MAXIMUS Federal Services

Case Number:	CM13-0049903		
Date Assigned:	12/27/2013	Date of Injury:	01/19/2013
Decision Date:	03/10/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/08/2013

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, has a subspecialty in Interventional Spine, 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:

This is a 66 year-old male Supervising Deputy Probation Officer who injured his low back, elbows and knees on 1/19/13 when he fell down some steps. He has been diagnosed with left patella instability and internal derangement of the right meniscus. [redacted] is the treating physician/chiropractor who requested an epidural steroid injection with [redacted], arthroscopy of the left knee with [redacted] and acupuncture twice a week for four weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

neurosurgical consult for epidural injections to the 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): 305-306,Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The MTUS/ACOEM criteria for lumbar surgical referral include exam findings of radiculopathy. The MTUS guidelines for ESI also require physical exam findings of radiculopathy, and corroboration with imaging or EMG findings. In this case, the 4/19/13 lumbar MRI shows encroachment on the left L4 nerve, but there are no exam findings suggestive of left-

sided L4 radiculopathy. The 4/23/13 report from [redacted] noted right-sided straight leg raising, but no specific dermatomal distribution was discussed; it appears to be opposite of what would be expected from the MRI. Based on the available information, the patient does not meet the MTUS guidelines for surgical referral or for an ESI. The request is noncertified.

acupuncture twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There is no indication that the patient has had acupuncture, so a trial of acupuncture would be appropriate. However, the MTUS Acupuncture Medical Treatment Guidelines state there should be some evidence of functional improvement within 3-6 sessions of acupuncture. The request for eight session of acupuncture exceeds the guidelines' recommendation of 3-6 sessions for documentation of functional improvement. The request is not in accordance with guidelines. The request is noncertified.