

Case Number:	CM13-0060601		
Date Assigned:	12/30/2013	Date of Injury:	10/02/2013
Decision Date:	05/07/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 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 is a 55 year-old female who was injured on 10/2/13 when she fell from a 2-step stool that she was standing on while trying to change a light bulb. She has been diagnosed with lumbar sprain r/o HNP; Left L3/4 radiculopathy; left hip sprain; sleep impairment due to pain; exacerbation of dizziness following the fall; exacerbation of pre-existing depression. According to the 11/14/13 neurology report from [REDACTED], the patient presents with low back pain radiating to the left groin area and left leg pain. She had 6 of 8 PT sessions, but it seemed to aggravate the lower back, so [REDACTED] requested a trial of acupuncture. Exam showed positive SLR on the left and decreased sensation to temperature in both legs, stocking distribution, decreased vibratory sense in left and hyperalgesia in the left L3-4 distribution. [REDACTED] requested a lumbar MRI. On 11/22/13 UR denied acupuncture and the lumbar MRI and allowed the EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE LUMBAR AND LEFT HIP: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 11/14/13 neurology report from [REDACTED], the patient presents with low back pain radiating to the left groin area and left leg pain. She had 6 of 8 PT sessions, but it seemed to aggravate the lower back, so [REDACTED] requested a trial of acupuncture. MTUS states "Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." The request for a trial of 6 sessions of acupuncture is in accordance with the MTUS/Acupuncture treatment guidelines.

MRI L-SPINE: Overturned

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): 303-305.

Decision rationale: According to the 11/14/13 neurology report from [REDACTED], the patient presents with low back pain radiating to the left groin area and left leg pain. She had 6 of 8 PT sessions, but it seemed to aggravate the lower back. On physical exam, the neurologist was able to identify hyperalgesia in the left L3-4 distribution. A lumbar MRI was requested. MTUS/ACOEM states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The request for the lumbar MRI appears in accordance with MTUS/ACOEM guidelines.