

Case Number:	CM13-0061705		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2013
Decision Date:	04/18/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 57 year old male with a reported injury date of July 2, 2013. The claimant reported multiple complaints including lower back pain. The previous lumbar radiographs were normal. The records suggest the claimant finished six previous acupuncture sessions. A request for 4-6 additional acupuncture sessions has been made. The claimant is reported to have radiation of pain to the right leg. However the specific location for the radiating pain complaints is not delineated. The majority of the records do not contain a thorough neurologic examination of the lower extremities. One record suggests that there may be mild quadriceps weakness on the right; sensation is reported to be intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTOR TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), and the Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The requested motor testing cannot be recommended as medically necessary. The ACOEM guidelines do not generally allow for computerized muscle strength testing as there is no proven efficacy or benefit beyond standard manual motor testing. A basic physical examination should be sufficient to determine treatment. As such, the request is noncertified.

ACUPUNCTURE ONCE A WEEK FOR 4-6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Additional acupuncture cannot be recommended as medically necessary based on the information reviewed. The California MTUS Acupuncture Medical Treatment Guidelines suggest that claimant should note functional improvement after 3-6 treatments before additional treatments would be suggested. The claimant reportedly underwent prior acupuncture, but the results of such treatment are unknown. Specifically there is no indication the claimant was able to diminish use of medications or had improved function following prior treatment. Accordingly, additional acupuncture treatments cannot be recommended as medically necessary.

AN MRI OF THE LUMBAR SPINE: Upheld

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 Page(s): 303-304.

Decision rationale: The requested MRI of the lumbar spine cannot be recommended as medically necessary. There is no clear evidence of nerve root compromise on neurologic examination to warrant imaging. The California MTUS/ACOEM guidelines require evidence of nerve dysfunction before obtaining an imaging study. The records do not clearly describe the location of the claimant's symptoms and whether they correlate with any particular motor weakness. There is no correlating sensory loss or documentation of reflex changes. Accordingly, there is insufficient information to justify an MRI of the lumbar spine based on the information reviewed. A better description of the claimant's symptoms and a thorough neurologic examination should be documented to support imaging requests according to current guidelines. As such, the request is noncertified.