

Case Number:	CM14-0007967		
Date Assigned:	02/25/2014	Date of Injury:	08/19/2013
Decision Date:	06/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 and PainMedicine, 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:

Patient is a 26 years old female with date of injury 8/19/2013. Per 8/22/2013 initial evaluation by [REDACTED], patient complains of neck pain 9/10 which wakes her up at night. Pain is sharp and throbbing as well as burning accompanied with frequent headaches. Low back pain was rated at 9/10 with associated numbness and tingling to left lower extremity. Pain is aggravated with sitting, standing, walking, lifting, bending, and stooping. Pain was described as sharp and stabbing pain that wakes her up at night. MRI studies of cervical and lumbar spine dated 11/14/2013 were reviewed. The request for acupuncture 2-3 times a week for 6 weeks and back brace was denied by utilization reviewer on 1/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TO THREE TIMES A WEEK FOR SIX WEEKS FOR CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with neck and back pain complaint. The request is for acupuncture 2-3x per week for 6 weeks. Per MTUS guideline in regards to acupuncture

frequency and duration, " (i) Time to produce functional improvement: 3 to 6 treatments; (ii) Frequency: 1 to 3 times per week; (iii) Optimum duration: 1 to 2 months; (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." In the 1/17/2014 UR response letter, the reviewer mentions that there had been 6 visits of acupuncture authorization. Review of the progress reports do not discuss patient's prior acupuncture nor the patient's response. Additional acupuncture is not supported unless functional improvement is documented. MTUS page 8 also require that the treater monitor the patient's progress for treatment recommendations. Request is not medically necessary.

BACK BRACE: 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): 301, 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute& Chronic).

Decision rationale: The request is for back brace. ACOEM page 301 states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 ACOEM also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." This request was made on 12/24/2013 which was 4 months post DOI or past the stage where the symptoms would be considered acute. For chronic back pain, ODG guidelines support back supports for fractures, instability, spondylolisthesis. It states that there is very low quality evidence for the use of lumbar bracing to treat non-specific low back pain. Request is not medically necessary.