

Case Number:	CM14-0008573		
Date Assigned:	02/12/2014	Date of Injury:	07/23/2013
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery 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:

The injured worker is a 49-year-old male injured on July 23, 2013. The record demonstrates the injured as having sustained the injury from a rear-end, automobile accident while at work. The injured worker previously had an MRI of the cervical spine performed on September 3, 2013 that demonstrated degenerative disc bulges at C3-4 and C5-6 with mild to moderate central canal stenosis at C5-6. Additionally, there was multilevel neuroforaminal narrowing secondary hypertrophic changes that appeared most severe at C5-6. On December 13, 2013 the injured is documented as returning with ongoing complaints of pain. Range of motion of the cervical spine is noted to be full and pain free. There is a positive cervical compression test for left scapular pain. The neurological exam is documented as being normal and there is no muscle weakness in the upper or lower extremities noted. The exam on December 17, 2013 documents diminished cervical range of motion, and again tenderness to palpation the left paracervical musculature. Lumbar spine range of motion is noted to be diminished, but again the sensory examination is intact. The utilization review in question was rendered on January 9, 2014. The reviewer noncertified the requests for MRI of the cervical and lumbar spine, and radiographs of the cervical and lumbar spine. The acupuncture request is modified from twelve visits to six.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR CERVICAL AND LUMBAR SPINE QTY 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of acupuncture as an adjunct to rehabilitation or when pain medication is not tolerated or is reduced. Based on clinical documentation provided, this appears to be utilized as stand-alone intervention. Additionally, the California Medical Treatment Utilization Schedule notes that time to produce functional improvement are 3-6 treatments. As such, the requested full treatments are considered not medically necessary.

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports the use of MRI when there is evidence of red flag symptoms, or in setting of chronic radiculopathy. Neither of these are documented on the December 17, 2013 examination. Additionally, a previous MRI was performed in September 2013. As such, the request is considered not medically necessary.

MRI LUMBAR 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): 300-303.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports the use of MRI in individuals with chronic low back pain when conservative modalities have failed. Based on clinical documentation provided, numerous conservative measures including physical therapy have been attempted, the injured continues with complaints of pain. As such, the requested imaging study is considered medically necessary.

X-RAY CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports the use of radiographs for subacute and chronic cervicothoracic pain. However, the injured has previously undergone MRI of the cervical spine approximate three months prior to this request which demonstrated multilevel degenerative changes and facet hypertrophy with neuroforaminal narrowing. As such, this requested x-rays considered not medically necessary as advanced imaging studies have already been performed and demonstrate pathology that could account for the underlying axial neck pain.

X-RAY 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): 300-303.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) does support the use of radiographs for the lumbar spine for subacute, acute, and chronic low back pain. However, the clinician has requested an MRI of the lumbar spine noting a concern for disc herniation. This disorder would not be visible on the requested radiograph and the MRI has been found to be medically necessary. As such, the requested radiograph is considered not medically necessary.