

Case Number:	CM14-0101764		
Date Assigned:	07/30/2014	Date of Injury:	06/30/2013
Decision Date:	10/03/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/01/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 63-year-old individual was reportedly injured on June 30, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated evidence of trigger point tenderness, a slight decrease in sensory evaluation the bilateral lower extremities, a decrease lumbar spine range of motion, and some weakness to flexion and both feet. Diagnostic imaging studies objectified or reported degenerative changes. Previous treatment includes multiple medications, injection therapy, physical therapy, and pain management interventions. A request had been made for acupuncture and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The records presented for review indicate a partial certification of 6 sessions of acupuncture that has been forwarded. There is no data as to the efficacy of these interventions. Therefore, the 8 sessions currently being sought are not clinically indicated until the response to the initial treatment can be measured. As such, this request is not medically necessary.

A set of flexion and extension x-rays for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When considering the date of injury, the mechanism of injury, the findings on physical examination there is no clear clinical indication presented why flexion/extension films should be obtained this time. There is no suggestion of instability or finding a physical examination to support this request. There are sensory changes that radiate into lower extremity. There was no step up noted in a previous physical examination. As such, there is no narrative explaining the basis for this request. There is no clear clinical indication establishing the medical necessity for this intervention.