MAXIMUS Federal Services

Case Number:	CM14-0108735		
Date Assigned:	08/01/2014	Date of Injury:	04/13/2010
Decision Date:	09/25/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/14/2014

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 Arizona. 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 46-year-old male with a date of injury of 4/13/2010. The patient underwent a lumbar laminectomy at L3-L4, L4-L5, and L5-S1 on 8/8/2013. On April 29, 2014, the patient underwent a neurosurgical consultation. It was noted that the patient had continuing complaints of residual muscle spasm and pain which radiated to the right buttocks and foot which was associated with numbness and tingling. The patient underwent an MRI scan of the lumbar spine dated 5/20/2014. The findings included degenerative disc disease with bulging disks from L3-S1. The patient had a right hemilaminectomy defect present at L3-L4. There was some mild to moderate foraminal narrowing on the right at L3-L4, L4-L5 and L5-S1. A request is made for repeat MRI scan of the lumbar spine, physical therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines:Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, MRI.

Decision rationale: The ODG Guidelines state that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. This patient had an MRI scan dated 5/14/2014 which showed degenerative disc disease. The symptoms that he manifested had been with him since the injury and were not changed by the laminectomy. Therefore since he did not manifest any significant changes in his symptoms, the medical necessity for a repeat MRI has not been established.

Physical therapy for the lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines state that physical medicine should be based on active therapy, which can restore flexibility, strength, endurance, function, range of motion and can alleviate discomfort. This patient has had symptoms since 2010 and the records revealed he had extensive supervised physical therapy which is to be used as an adjunct to an evidence-based home program of active therapy. Passive modalities are good for short-term relief during the early phases of pain treatment. There is no documentation as to whether the patient is on a home based program of active therapy and whether that active therapy is producing any sustained functional improvement. Until it is known whether active therapy has produced any sustained functional improvement in this patient, the medical necessity of further supervised physical therapy or reinstituting supervise physical therapy has not been established. In addition, although the records revealed that the patient had an extensive amount of physical therapy it does not appear that he received any objective functional improvement. As such, the request is not medically necessary.

Acupuncture treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, acupuncture.

Decision rationale: The ODG Guidelines state that acupuncture is not recommended for acute low back pain but recommended as an option for chronic back pain using a short course of treatment in conjunction with other active interventions. They recommended an initial trial of 3-4 visits over 2 weeks. With evidence of reduce pain, medication use, and objective functional improvement, a total of up to 8-12 visits over 4-6 weeks can be done. The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. The patient has been having symptoms since 2010 and although he received extensive physical therapy and chiropractic treatment in the past, there is no documentation that he received acupuncture.

However, as mentioned by the ODG, acupuncture is to be used in conjunction with other active interventions. There is no documentation that the patient is or has been on a home based program of active therapy and whether there has been any objective functional improvement from that therapy. Therefore, until there is documentation that the patient is doing active home based therapy, the medical necessity for acupuncture has not been established.