

Case Number:	CM14-0015069		
Date Assigned:	02/28/2014	Date of Injury:	03/19/2013
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/06/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 40 year-old male with a 3/19/13 date of injury. He has been diagnosed with lumbar strain, lumbar radiculopathy, lumbar disc protrusion at L4-5 and L5-S1, and left abdominal wall strain. According to the 12/23/13 orthopedic report from [REDACTED], the patient presents with improvement following his 2nd lumbar epidural injection on 12/11/13. On exam, there is decreased lumbar motion, negative straight leg raise, but decreased sensation in the bilateral lower extremities in the L5 distribution. [REDACTED] requests the 3rd lumbar epidural steroid injection, and recommended to continue with acupuncture and a work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE ACUPUNCTURE TWO TIMES A WEEK FOR SIX WEEKS, TWELVE VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 12/23/13 report by [REDACTED] states that the patient had just completed a course of acupuncture and additional sessions were requested. The 12/23/13 report does not discuss any functional improvement with prior acupuncture. The request for continued acupuncture without documentation of functional improvement is not in accordance with the MTUS/Acupuncture Medical Treatment Guidelines. As such, the request is not medically necessary.

WORK CONDITIONING PROGRAM TWO TIMES A WEEK FOR SIX WEEKS, TWELVE VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CRITERIA FOR ADMISSION TO A WORK HARDENING PROGRAM, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: The California MTUS guidelines discuss work conditioning, stating that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The recommendation for the total duration of treatment is 10 visits over 8 weeks. The request for 12 sessions of work conditioning exceeds the MTUS recommendations. As such, the request is not medically necessary.