

Case Number:	CM14-0016337		
Date Assigned:	04/11/2014	Date of Injury:	03/06/2012
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 03/06/2012 after he lifted a sack of grass weighing approximately 80 pounds to 100 pounds, which reportedly caused injury to his low back. The injured worker ultimately underwent lumbar interbody fusion at the L5-S1 in 06/2013. The injured worker was treated postsurgically with physical therapy, aquatic therapy, acupuncture, medications, and a home exercise program. The injured worker was evaluated on 11/21/2013. It was documented that he complained of low back pain radiating into the right lower extremity. Physical findings included focal tenderness over the right gluteal region with palpable trigger point formation over the right piriformis, with disturbed sensation over the right L5-S1 dermatomal distribution with moderately restricted lumbar range of motion and a positive straight leg raising test bilaterally at 50 degrees. The injured worker's diagnoses at that time were status post lumbosacral interbody fusion, bilateral carpal tunnel syndrome, and bilateral De Quervain's syndrome. The injured worker's treatment plan included continuation of a home exercise program, continuation of aquatic therapy, and acupuncture to decrease the injured worker's reliance on prescribed medications. The injured worker was again evaluated on 12/17/2013 with continued lumbar spine pain complaints. Additional acupuncture was requested to decrease dependency on prescriptions and reduce potential side effects associated with long term medication usage. A request was also made for a CT myelogram to evaluate the integrity of the fusion and to rule out pseudoarthrosis as a pain generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE, 4 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested additional acupuncture, 4 sessions is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends continued acupuncture is based on documentation of increased functional benefit, medication reduction, and pain relief. The clinical documentation indicates that the injured worker has already participated in 6 visits of acupuncture. However, no evidence of pain relief, increased functional activity, or medication reduction was provided as a result of the previous 6 visits. Therefore, continuation of this treatment modality is not supported. Also, the request as it is submitted does not specifically identify a body part. Therefore, the appropriateness of the request itself cannot be identified. As such, the requested additional acupuncture, 4 sessions is not medically necessary or appropriate.

CT MYELOGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

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 Chapter, Myelography.

Decision rationale: The requested CT myelogram is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address the use of this type of imaging. Official Disability Guidelines recommend the use of a CT myelogram when an MRI is not appropriate for the injured worker due to claustrophobia, technical issues, safety reasons, or surgical hardware. The clinical documentation does indicate that the injured worker previously underwent a lumbar interbody fusion. However, there is no documentation that the implanted hardware contraindicates the use of an MRI. Therefore, the need for a CT myelogram is not clearly supported. Additionally, the request as it is submitted does not specifically identify a body part. Therefore the appropriateness of the request itself cannot be determined. As such, the requested CT myelogram is not medically necessary or appropriate.