

Case Number:	CM14-0016707		
Date Assigned:	04/11/2014	Date of Injury:	10/24/2012
Decision Date:	05/28/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & 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 Physician 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 41 year old with an injury date on 10/24/12. The patient complains of pain in the lower back, and right flank/thoracic spine. Based on the 12/12/13 progress report provided by [REDACTED], the patient's diagnoses include lumbar herniated nucleus pulposus, lumbar radiculitis, thoracic radiculitis, and lumbar myofascial sprain/strain. Examination of the chiropractic report of 7/16/13 revealed tenderness on palpation of paralumbar region. The 8/15/13 report revealed the patient was taking 5 medications: Soma, Norco, Ibuprofen, Ambien, and Lidode. On 9/13/13 the patient showed improvement, as patient began a light exercise program, reported better sleep due to 12 acupuncture treatments, and discontinued Ambien. The 10/12/13 report revealed improvement, with patient only taking Flexeril and Motrin. Examination of the chiropractic report of 11/11 revealed difficulty in sleeping and lower back pain at a level of 8/10 that interfered with her bending, stooping, squatting, pushing since cessation of acupuncture. [REDACTED] is requesting 6 sessions of acupuncture and an MRI of the thoracic and lumbar for the pain in the lower back, and right flank/thoracic spine. The utilization review and determination being challenged is dated 1/14/14 and recommends denial of the acupuncture and MRI. [REDACTED] is the requesting provider, and he provided treatment reports from 8/15/13 to 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, #6 SESSIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The employee presents with pain in the lower back, and right flank/thoracic spine. The request is for 6 additional sessions of acupuncture. The request was denied by utilization review letter from 1/14/14 with the rationale for lack of evidence in relation to improvement of activities of daily living, or its efficacy in decreasing dependency on continued medical treatment. The MTUS acupuncture guidelines allow ongoing acupuncture if it produces a clinically significant improvement in a patient's activities of daily living, or a reduction of dependency on continued medical treatment. Review of the reports indicate that the employee received 12 sessions of acupuncture treatments in the recent past with improved ability to perform daily activities, as well as significant decrease in medication as a result of acupuncture treatments. The MTUS guidelines allow treatments up to 2 months. The request for additional 6 sessions appears reasonable and consistent with MTUS guidelines. Recommendation is for authorization.

MRI OF THE THORACIC AND LUMBAR SPINE: Upheld

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): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHAPTER ON PROTOCOLS, MRIs

Decision rationale: The employee presents with pain in the lower back, and right flank/thoracic spine. The request is for an MRI of thoracic and lumbar. Review of the reports shows that the employee presents with low back pain without radicular symptoms of neurologic deficit. Examination showed only tenderness. ACOEM guidelines require "unequivocal objective findings that identify specific nerve compromise on the neurologic examination" for an MRI. The ODG guidelines also require signs and symptoms of neurologic issues. In this case, the employee only has axial back and thoracic pain without any radicular symptoms. Recommendation is for denial of the requested MRI's.