

Case Number:	CM14-0018753		
Date Assigned:	04/18/2014	Date of Injury:	03/24/2011
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 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:

This 55 year-old male Parole Agent sustained an injury on 3/24/11 while employed by [REDACTED]. Requests under consideration include MRI of lumbar spine and 12 sessions of Acupuncture. The patient remains not working and continues to treat for symptoms involving the left knee/ankle/foot, right wrist, and low back. Conservative care has included medications, physical therapy, off work. The patient is status/post lpeft knee arthroscopy in 2011. MRI of the lumbar spine report of 7/7/13 noted multi-level disc protrusion with neural foraminal narrowing without central canal stenosis. Report of 12/20/13 from a provider noted aptient with axial low back pain for 20 years rated at 7/10, better with medications, massage and physical therapy. Exam noted lumbar spine with full range of flexions with limited extension to 5 degrees from pain; tenderness to palpation along right paraspinous musculature at L4-S1 and right SI joint. Request for acupuncture was partially-certified from quantity of #12 to #6 and MRI of the lumbar spine non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF 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, 304.

Decision rationale: Per Low Back Complaints ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI of the lumbar spine from one recently done in July 2013 nor document any new specific clinical findings to support this imaging study as the patient has unchanged neurological exam without acute deficits. There is no acute flare-up or injury to indicate repeating the study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate.

12 SESSIONS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Chronic Pain Medical Treatment Guidelines, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many total acupuncture sessions the patient has received for this 2011 injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The 12 sessions of Acupuncture is not medically necessary and appropriate.