

Case Number:	CM14-0018837		
Date Assigned:	04/23/2014	Date of Injury:	01/09/2012
Decision Date:	07/03/2014	UR Denial Date:	02/09/2014
Priority:	Standard	Application Received:	02/14/2014

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 Family Practice 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 injured worker is a 55-year-old male who sustained injuries to his low back, right shoulder and right hip on 01/09/12 when he was getting out of his truck, slipped off the truck, and smashed the right hip on the running board. He attempted to stop himself from falling and by grabbing the steering wheel and subsequently injured his right shoulder in the process. The injured worker reported low back pain that radiates into the bilateral lower extremities down to his feet with associated numbness. The injured worker is not sleeping at night due to low back pain. Physical examination noted pain to palpation and mild palpable tightness in the lumbosacral area; minimally guarded gait due to back and hip pain. It was noted that the injured worker had postoperative physical therapy on the right shoulder times 24 visits and a right hip steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS FOR PAIN CONTROL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture two times a week, times six weeks for pain control is not medically necessary. A previous request for acupuncture two times a week times six weeks was modified for two times a week, times two weeks to allow the use of acupuncture for initial treatment and to demonstrate specific evidence of functional gain in order for additional is to be considered. There was no additional supporting information that would indicate the patient's response to the initial trial of acupuncture therapy. The California Medical Treatment Utilization Schedule (CAMTUS) states that acupuncture treatments may be extended if a functional improvement is documented. Given the clinical documentation submitted for review, medical necessity of the request has not been established. Recommend not medically necessary.

MRI OF THE LUMBOSACRAL SPINE TO RULE OUT HERNIATED NUCLEUS PULPOSUS AS CAUSE OF BACK PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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.

Decision rationale: The request for MRI of the lumbosacral spine to rule out herniated nucleus pulposus as cause of back pain is not medically necessary. There were no focal neurological deficits. There was no mention that a surgical intervention was anticipated. There was no indication of decreased motor strength, increased sensory or reflex deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the lumbosacral spine to rule out herniated nucleus pulposus as cause of back pain has not been established. Recommend not medically necessary.