

Case Number:	CM14-0116499		
Date Assigned:	08/04/2014	Date of Injury:	07/01/1997
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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 Nevada. 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 records presented for review indicate that this 60-year-old female was reportedly injured on July 1, 1997. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of low back pain and nausea. The physical examination demonstrated intact sensation and motor strength of the lower extremities and the absence of reflexes. Diagnostic imaging studies of the lumbar spine revealed a compression deformity of T12 consistent with metastatic pathological compression as well as a grade 1 anterolisthesis of T11 on T12 and a retrolisthesis of L2 - L3, L3 - L4, and L4 - L5. A chest CT revealed numerous new nonspecific pulmonary nodules. Previous treatment includes chemotherapy, prednisone, physical therapy, acupuncture, and oral medications. A request had been made for acupuncture of the back and a CT scan with 3-D reconstruction from T12 through the sacrum and was not medically necessary in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the back (Unknown location) x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13 of 127.

Decision rationale: According to the attached medical records the injured worker has previously participated in acupuncture for an unknown number of visits with unknown efficacy. Therefore, without additional justification, this request for acupuncture for the back is not medically necessary.

CT scan Reconstructed in the sagittal or coronal Views T12 Through entire sacrum:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Guidelines, 19th Edition (2014 web) Low Back section.

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 - Lumbar and Thoracic, CT, Updated August 22, 2014.

Decision rationale: The Official Disability Guidelines supports the use of a CT for certain conditions to include spinal trauma, tumor, infection, fracture or new neurological deficit, as well as for the evaluation of a pars defect not identified on plain radiographs, evaluate successful fusion if plain radiographs inconclusive, and clarification of anatomy prior to surgery. Repeat CT is not routinely recommended however; there is concern for a new lesion at the sacrum. Considering this, the request for a CT scan with reconstructions in the sagittal or coronal views from T12 through the sacrum is medically necessary.