

Case Number:	CM14-0116993		
Date Assigned:	08/04/2014	Date of Injury:	10/05/2013
Decision Date:	09/15/2014	UR Denial Date:	07/14/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 10/05/2013 while transferring a patient and felt a sharp pain in her neck and shoulder. The injured worker had a history of cervical, thoracic, and lumbar pain along with right shoulder and left hip pain. The injured worker had a diagnosis of cervical spine multilevel disc protrusions, thoracic spine spondylolisthesis, and lumbar spine strain, rule out herniated nucleus pulposus, bilateral shoulder impingement syndrome, left shoulder pain, and right 4th and 5th finger digit strain/sprain. The diagnostics included an electromyogram to the upper extremities dated 01/20/2014 that revealed abnormal findings of suggestive right carpal tunnel syndrome. The MRI of unknown date to the lumbar spine revealed a disc protrusion at the L4-5 with foraminal narrowing bilaterally. It also noted spondylosis changes at the L3-4 and the L5-S1 with disc protrusion. The past treatments included injections to her neck, upper back, shoulder, and lower back as well as physical therapy, ThermaCool, a TENS unit, a donut cushion, acupuncture, chiropractic care. The injured worker rated her pain at 8/10 to the lumbar spine using the VAS. The objective findings of the lumbar spine dated 04/03/2014 revealed decreased range of motion by 50%. The treatment plan included an MRI and acupuncture. The request for authorization dated 07/07/2014 was submitted with the documentation. The rationale for the MRI and the acupuncture was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guide:Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM indicates that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue. Per the clinical notes provided, the physical examination was vague and was from the chiropractic. The clinical notes dated 06/26/2014 did not refer to the lumbar spine. The injured worker had injections noted to the lower lumbar region; however, no results were provided. Per the chiropractic findings, the injured worker had acupuncture that had shown improvement; however, the objective findings were vague. Per the clinical notes, it was not evident that any new findings had developed. The injured worker had responded to treatment. As such, the request is not medically necessary.

Acupuncture, lumbar and right shoulder 2x4.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Per the clinical notes provided, the injured worker has already had acupuncture that showed improvement along with physical therapy that showed improvement for the lumbar spine. There were no objective findings indicating the injured worker required acupuncture. Per the 04/03/2013 notes, it indicated that the injured worker had a decreased range of motion to the

shoulder by 30%; however, other documentation indicated an improvement. As such, the request is not medically necessary.