

Case Number:	CM14-0121852		
Date Assigned:	08/06/2014	Date of Injury:	11/23/2013
Decision Date:	10/01/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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, Pain Medicine 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 48-year-old male with a reported date of injury on 11/2/2013. The mechanism of injury was noted to be a pulling injury. His diagnoses were noted to include cervical sprain/strain, rule out herniated disc; dorsal lumbosacral strain, rule out herniated disc; right shoulder contusion; impingement syndrome; possible rotator cuff tear. His previous treatments were noted to include physical therapy, acupuncture, and medications. The progress note dated 05/09/2014 revealed right foot pain and lower extremity pain that radiated from the lumbar spine. The physical examination revealed the injured worker had lumbosacral support which on removal noted to have a normal gait and tenderness in the paraspinal muscles at T12-S1. There was 1+ spasm and guarding noted. The injured worker had limited flexion and range of motion was diminished. The straight leg raise test caused pain in the lower back, but no radiation to the lower extremities. The motor power was rated 5/5 and the deep tendon reflexes were intact. The sensory examination revealed decreased sensation in the right lower extremity at L4-5 and L5-S1 dermatomes. The request for authorization form was not submitted within the medical records. The request was for an XL back brace for the lumbar spine. The request for authorization form was not submitted within the medical records for acupuncture 2 to 3 times per week for 6 weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

XL Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The request for an XL back brace is not medically necessary. The injured worker was utilizing a back brace during the physical examination. The California MTUS/ACOEM Guidelines do not recommend lumbar supports for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker's injury was 11/2013 and the injured worker is in the chronic phase of the injury. The guidelines do not recommend lumbar supports except for acute phase of symptom relief and therefore, an XL back brace is not appropriate at this time. Therefore, the request is not medically necessary.

Acupuncture therapy, 2-3 time per week for 6 weeks to low back.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 301, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture therapy, 2 to 3 times per week for 6 weeks to the low back is not medically necessary. The injured worker has received previous acupuncture therapy sessions. The acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used 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 spasms. The guidelines recommend for the frequency and duration of acupuncture, the time to produce functional improvement is 3 to 6 treatments, with a frequency of 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There was a lack of documentation regarding functional improvement with previous acupuncture therapies to warrant additional acupuncture sessions. Additionally, there is a lack of documentation regarding previous number of acupuncture therapy sessions completed. The request for 2 to 3 times per week for 6 weeks of acupuncture exceeds guideline recommendations. As such, the request is not medically necessary.