MAXIMUS Federal Services

Case Number:	CM14-0124878		
Date Assigned:	08/11/2014	Date of Injury:	09/17/2009
Decision Date:	10/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/07/2014

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 Occupational 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:

Patient is a 40 year-old male with date of injury 09/17/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/17/2014, lists subjective complaints as pain in the low back. PR-2 supplied for review did not include a very comprehensive objective examination or analysis. Objective findings: Examination of the lumbar spine and lower right extremities revealed light touch sensation for the right mid-anterior thigh, right mid-lateral calf, and right lateral ankle were intact. Diagnosis: 1. Lumbar spine disc disease with radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SHOCKWAVE THERAPY VISITS FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Thoracic (Acute & Chronic), Shock wave therapy

Decision rationale: The Official Disability Guidelines do not recommend shockwave therapy. The available evidence does not support the effectiveness of ultrasound or shock wave for

treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and is not medically necessary.

16 ACUPUNCTURE VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. This request exceeds guideline recommendations. Therefore this request is not medically necessary.

L2-SACRUM DISCOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Discography is not medically necessary.

ELASTIC LUMBAR BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief.An elastic lumbar brace is not medically necessary.

PSYCH FOLLOW-UP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Behavioral interventions

Decision rationale: The Official Disability Guidelines allow for an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions). The medical record indicates that the patient has been a psychotherapist numerous times, and there is no evidence of functional improvement. Psych followup is not medically necessary.

PAIN MEDICINE FOLLOW-UP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits for chronic pain. Each reference deals primarily with the acute aspects of an injury. The medical record does not document a reason a followup visit is requested and there has been very little change in the patient's complaints of low back pain. A followup visit with a pain specialist is not supported by the documentation and not medically necessary.

ORTHOPEDIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that office followup visits are recommended as determined to be medically necessary. The patient's low back complaints and physical examination have not changed significantly. An Agreed Medical Examiner has declared the patient to be at the point of maximum medical improvement. Taking these factors into account, and with no clear documentation explaining the reason for the request, a followup visit with the orthopedist is not medically necessary.