MAXIMUS Federal Services

Case Number:	CM14-0164613		
Date Assigned:	10/09/2014	Date of Injury:	05/24/2014
Decision Date:	11/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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:

The claimant injured his low back on 05/24/14. Acupuncture and x-rays of the lumbar spine are under review. On 05/24/14, he reported being injured during box pull. He was given medications. Chiropractic therapy was ordered on 05/26/14. He started physical therapy on 05/30/14. As of 06/04/14, he had completed 4 visits of chiropractic. Physical therapy caused pain. On 06/10/14, he stated he had not improved significantly. He had tenderness of his low back. He was attending chiropractic. His medication made him dizzy and his pain medications were not helping. He was on light duty. He had dull and moderately severe symptoms. He was not on any medication. Physical examination revealed a normal gait with no weakness of the legs. There were no spasms. He had tenderness of the paravertebral muscles and restricted range of motion. There were no neurologic deficits. He was prescribed ibuprofen. He remained on restrictions and acupuncture was ordered for 6 visits. There is no mention of an exercise program. On 06/17/14, he stated he was the same. His pain was intermittent and exacerbated by movement. Physical examination was unchanged. An MRI was ordered. He did not like light duty and wanted to be off work. He was not very motivated. An MRI again was ordered. Attending. Additional chiropractic was requested. On 06/20/14, an MRI was pending. He was prescribed meloxicam and orphenadrine. He was given a back support and had to wear it. On 06/27/14, he was diagnosed with sciatica and sprain of the low back with muscle spasm. A Medrol dosepak was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for three weeks for the lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The history and documentation do not objectively support the request for 6 sessions of acupuncture for the low back. The MTUS state "Acupuncture Medical Treatment Guidelines(a) As used in this section, the following definitions apply:(1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery...." In this case, there is no evidence that the claimant has been unable to tolerate all medications or has chronic pain that is not likely to respond to other treatment methods. There is no indication that he has been involved in an ongoing rehab program of exercise that is to be continued in conjunction with acupuncture treatment. Acupuncture is not a standalone treatment and is expected to be accompanied by active exercise. The medical necessity of this request for acupuncture 2 x 3 weeks for the low back has not been clearly demonstrated.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for an x-ray of the lumbar spine. The MTUS state "lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management." The indication for this study is not explained in the records and none can be ascertained from review of the clinical information. The claimant has a sprain/strain type injury and there are no objective "red flag" findings to support proceeding with this type of x-ray. It is not clear what is being sought or ruled out. The medical necessity of this request for an x-rays of the lumbar spine has not been clearly demonstrated.