

Case Number:	CM14-017777		
Date Assigned:	10/31/2014	Date of Injury:	09/09/2013
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and six prior sessions of acupuncture. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for a lumbar MRI and denied a request for acupuncture. In its Utilization Review Report, the claims administrator did cite an earlier acupuncture note dated May 6, 2014, implying that the applicant had had acupuncture on that date. The claim administrator stated that "Evidence Based Guidelines were up to 24 visits" of acupuncture. The claims administrator did not state what guidelines it was using to base its statement that there was a 24-session cap on acupuncture. The claims administrator did suggest that the applicant has had six prior sessions of acupuncture through that point in time. In an October 21, 2014 progress note, the applicant reported ongoing complaints of neck, upper back, and bilateral heel pain. Muscle spasms were present. MRI imaging and six sessions of acupuncture were sought. The requesting provider invoked the 2007, MTUS Acupuncture Guidelines in its request, it is incidentally noted. It was not stated whether the applicant was actually working or not. In an October 14, 2014 progress note, the applicant reported ongoing complaints of low back, neck, and upper back pain. Limited lumbar range of motion was noted. MRI imaging of the lumbar spine to rule out "discopathy" and six sessions of acupuncture were endorsed. In an early note of September 4, 2014, chiropractic manipulative therapy, massage therapy, and infrared therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a repeat request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d do acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there is no clear or compelling evidence of functional improvement as defined in section 9792.20f despite six prior sessions of acupuncture to date. Work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant does not appear to be working with said limitations in place. Earlier acupuncture failed to curtail the applicant's dependence on other modalities and other treatments, including manipulative therapy, massage therapy, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior acupuncture. Therefore, the request for additional acupuncture is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, Imaging Studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, the requesting provider, a chiropractor, stated that he was seeking the MRI imaging to determine whether or not the applicant had "discopathy." This was not an indication for MRI imaging, however, per ACOEM. Therefore, the request was not medically necessary.