

Case Number:	CM14-0020354		
Date Assigned:	04/25/2014	Date of Injury:	09/07/2011
Decision Date:	07/07/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/19/2014

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 Sports Medicine and is licensed to practice in Texas. 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 40-year-old male who reported an injury on 09/07/2011, secondary to repetitive lifting. The injured worker is diagnosed with lumbar intervertebral disc disorder with myelopathy. The injured worker was evaluated on 04/09/2014. The injured worker reported persistent lower back pain. The injured worker was participating in acupuncture twice per week with improvement in symptoms. Previous conservative treatment also includes physical therapy and 3 epidural steroid injections. Physical examination revealed tenderness to palpation with limited lumbar range of motion, positive straight leg raising, positive Braggard's sign, and an absent patella reflex on the right. Treatment recommendations on that date included a referral to an internal medicine specialist, continuation of current medication and continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X6 FOR LUMBAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Acupuncture may be extended if functional improvement is documented. As per the documentation submitted, the injured worker has participated in at least 13 sessions of acupuncture treatment. There is no evidence of objective functional improvement. Therefore, additional treatment cannot be determined as medically appropriate. As such, the request for six (6) acupuncture sessions for lumbar is not medically necessary and appropriate.

SPINE SURGEON CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational And Environmental Medicine, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS Guidelines/ACOEM Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker has completed a surgical evaluation in the past. It was noted on 04/09/2014, the injured worker declined a spine surgeon referral. The medical necessity for an additional consultation has not been established. As such, the request for spine surgeon consultation is not medically necessary and appropriate.