

Case Number:	CM14-0050119		
Date Assigned:	07/07/2014	Date of Injury:	06/25/2012
Decision Date:	09/03/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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 Osteopathic Family Practice, with a subspecialty in Occupational Medicine, Pain Medicine and Manipulation 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 patient is a 54 year old male bus operator with a date of injury on 6/25/12. He injured his lumbar spine when he ran over a pot hole. He is diagnosed with lumbar sprain, facet joint hypertrophy at L4-5 and L5-S1, thoracic strain and T0-T10 disc bulge per 8/23/12 MR, back spasm and back pain. Treatment to date has consisted of at least 31 acupuncture session. Treatment has also consisted of medication, physical therapy and lumbar medial branch nerve blocks. EDS on 11/2/12 was negative for radiculopathy. The lumbar spine MRI dated 8/23/12 revealed the following impression: (1) Annular bulge of the L4-5 intervertebral disc with a very small central through left lateral disc protrusion with left posterolateral annular fissuring/high intensity zone. Mild attenuation of the thecal sac. (2) Mild annular bulge of the L3-L4 intervertebral disc. Mild attenuation of the thecal sac. (3) Small protrusion of the L5-S1 disc intervertebral disc on the right far laterally with annular fissuring resulting in minor right neural foraminal narrowing medially. (4) Minor annular bulge of the L2-3 intervertebral disc. Orthopedic QME evaluation on 1/22/14 recommended future medical care provision for access to osteopathic care twice a year, 8 visits of PT for the next 3-5 years as well as OTC anti inflammatories. The patient may require referral to pain management. 2/28/14 hand written and largely illegible progress report is requesting lumbar MRI and acupuncture. Utilization review 3/18/14 not medically necessary lumbar spine MRI and acupuncture 1x6 lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines does not address lumbar MRI.

Decision rationale: The medical records establish that the patient has undergone prior lumbar spine MR imaging. The guidelines indicate that imaging may be supported in the case of emerging surgery or red flags. In this case, the medical records do not establish that the patient is a surgical candidate. There is no indication of red flags, or re-injury to support an updated MRI. As such, the request for lumbar spine MRI is not medically necessary.

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 medical records indicate that the patient has had prior acupuncture treatments. References state that acupuncture treatments may be extended if functional improvement is documented. In this case, there is no evidence of specific objective functional improvement as a result of past acupuncture treatments. The request for acupuncture treatments for the lumbar spine is not medically necessary.