

Case Number:	CM14-0050987		
Date Assigned:	07/07/2014	Date of Injury:	09/06/2013
Decision Date:	08/21/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 58 year old female licensed vocational nurse whose date of injury is 09/06/13 when she was assaulted by a client. The injured worker is noted to complain of low back pain radiating down the right leg. Initial treatment was noted to include medications, light duty, and physical therapy. Physical examination on 03/27/14 reported tenderness to palpation along the lumbar spine paraspinal musculature and mild spasm. Range of motion testing revealed forward flexion 40 degrees; extension 20 degrees; and side bend and rotation 20 degrees each. Straight leg raise was positive on the right, negative on the left. Reflexes were symmetric. Sensation was normal in the legs. She ambulated with an antalgic gait. Diagnosis is lumbar strain with right leg radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: On examination the injured worker reportedly has positive straight leg raise on the right, but there is no indication at what degree straight leg raise becomes positive or if this is positive for low back pain only or includes pain radiating below the knee. The injured worker has no evidence of motor, sensory or reflex changes on clinical examination that would support the need for magnetic resonance image. Based on the clinical information provided, the request for magnetic resonance image of the lumbar spine is not recommended as medically necessary.

12 Acupuncture Treatment Sessions for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule recommends acupuncture for chronic pain, and notes that functional improvement should be demonstrated in 3 to 6 treatments. Treatment may be extended if functional improvement is documented. The previous recommendation of modified certification of 6 acupuncture sessions for the lumbar spine rather than 12 treatments was appropriate and consistent with guideline recommendations for an initial trial of 3-6 sessions. As such, medical necessity is not established for 12 acupuncture treatment sessions for the lumbar spine.