

Case Number:	CM14-0054626		
Date Assigned:	08/06/2014	Date of Injury:	08/21/2012
Decision Date:	09/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/23/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 35-year-old gentleman was reportedly injured on August 21, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 18, 2014, indicates that there are ongoing complaints of cervical spine stiffness, spasms, and headaches along with low back pain. The physical examination demonstrated decreased range of motion of the cervical spine and a positive foraminal compression test bilaterally there was tenderness from C3 through C7 as well as along the bilateral trapezius muscles. There was also decreased range of motion of the lumbar spine with a positive straight leg raise test and a positive Kemp's test. There was tenderness from L1 through S1 and along the sciatic notches. Diagnostic imaging studies were not reviewed during this visit. Previous treatment was not stated. A request had been made for acupuncture for the lumbar spine and 2 orthopedic evaluations for the lumbar spine were non-certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Visits of Acupuncture, 16 Visits of Acupuncture for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines acupuncture is considered an option when pain medication is reduced or not tolerated. Additionally the functional improvement of acupuncture treatments should be assessed after 3 to 6 treatments. The attached medical record does not state that the injured employee's pain medication is reduced or not tolerated and this request is for 24 visits of acupuncture. As such, this request for 8 visits of acupuncture and 16 visits of acupuncture for the lumbar spine is not medically necessary.

2 Orthopedic Evaluations for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) ACOEM Practice Guidelines, 2nd edition, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the injured employee may benefit from additional expertise. Based on the clinical documentation provided, the injured employee is still receiving conservative treatment and there are no concerning signs or symptoms that would warrant specialty care. As such, this request for 2 orthopedic evaluations for the lumbar spine is not medically necessary.