

Case Number:	CM14-0067707		
Date Assigned:	07/11/2014	Date of Injury:	04/19/2005
Decision Date:	09/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a male who was injured on 4/19/2005. He was diagnosed with lumbar discopathy, and lumbar radiculopathy. He was treated with surgery (lumbar fusion) in 2011. On 2/19/2014, the worker was seen by his neurosurgeon's physician's assistant for a follow-up but this time complaining of recent worsening of his lower back pain with left leg shooting pain and decreased strength after about 3 months. An x-ray of the lower spine was done on 2/19/14 showing normal post-fusion findings. Physical examination showed spasm in the lumbar region, slightly antalgic gait on left, inability to toe walk, limited range of motion of the lumbar spine, tenderness of lumbar area, sacroiliac test was mildly positive on both sides, left hip abductor and foot weakness, positive Trendelenburg, and decreased sensation of the left buttock, thigh, lower leg, and foot. He was then recommended a repeat x-ray of the lumbar spine, this time with images in flexion and extension to assess for instability/hypermobility, MRI spine, six sessions of physical therapy, and six sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Lumbar Spine, flexion & extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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: The MTUS ACOEM Guidelines state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Even in the setting of this worker, having new symptoms years after fusion surgery, the evidence does not support the utility of lumbar x-rays, including those images in flexion and extension for the purpose of assessing instability. It does not lead to significant changes in the treatment plan. Without any explanation from the provider as to why this case is different, the lumbar x-rays are not medically necessary.

Acupuncture to low back 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, there was a previous request for acupuncture that was approved, but no evidence was found in the notes provided for review whether or not the worker completed this and if it helped him or not. Therefore, until there is documentation that clarifies this for the reviewer, the acupuncture is not medically necessary.

Physical Therapy to low back 6 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that treatment for lumbar radiculopathy may include 9-10 physical therapy visits over 4 weeks, with the goal of transitioning to less passive therapy and more unsupervised home active therapy/exercise. In the case of this worker who was experiencing new left-sided lumbar radiculopathy, it seems reasonable for him to see a physical therapist for a few visits in order to construct a focused plan for home exercises. The previous reviewer suggested that the worker complete the previously

approved acupuncture first, or report on it if it were completed. However, it is the opinion of the reviewer that this is unreasonable, as acupuncture is a passive modality and is less recommended compared to methods that help the worker move toward active therapy such as seeing a physical therapist. Therefore, the 6 sessions of physical therapy are medically necessary.