

Case Number:	CM14-0085803		
Date Assigned:	07/23/2014	Date of Injury:	07/24/2003
Decision Date:	09/30/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal 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 67 year old male whose date of injury is 07/24/2003. The injured worker was walking to his desk and he fell to the ground. Diagnoses are lumbar intervertebral disc derangement, lumbosacral neuritis, lumbago and insomnia. Electromyogram/nerve conduction velocity dated 05/13/14 indicates that there is evidence of moderate acute L5 radiculopathy on the right and left. Progress note dated 06/03/14 indicates that the injured worker complains of low back pain. On physical examination range of motion of the spine is limited secondary to pain. Straight leg raise is positive on the left at 40 degrees. Deep tendon reflexes are absent at the knees. Motor strength is 5/5 throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar support.

Decision rationale: Based on the clinical information provided, the request for a Lumbar Back Brace is not medically necessary. The Official Disability Guidelines do not recommend lumbar back brace for the prevention of low back pain. There is no documentation of instability, compression fracture or spondylolisthesis. Therefore, medical necessity of the requested lumbar back brace is not established in accordance with the Official Disability Guidelines.

Acupuncture #6 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for Acupuncture #6 Sessions is not medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The injured worker has undergone prior acupuncture; however, the number of sessions completed to date is not documented. Additionally, the injured worker's objective functional response to acupuncture is not documented to establish efficacy of treatment in accordance with California Medical Treatment Utilization Schedule (CAMTUS) Acupuncture guidelines. CA MTUS guidelines note that optimum duration of treatment is 1-2 months.