

Case Number:	CM13-0043922		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2010
Decision Date:	05/01/2015	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/31/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained an industrial injury on 07/16/2010. She has reported subsequent neck and low back pain and was diagnosed with cervical and lumbar sprain/strain with radicular complaints. Treatment to date has included oral pain medication, physical therapy, electrical stimulation, massage and exercises. In a progress note dated 09/04/2013, the injured worker complained of neck and low back pain. Objective findings were notable for tenderness, spasm and decreased range of motion of the cervical and lumbar spine. The physician noted that a course of acupuncture and an updated MRI of the cervical and lumbar spine were being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment 1 x week x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient suffered injury to her neck and low back after falling down some stairs in 2010. The request is for acupuncture therapy. Acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In this patient there is no indication in the medical records of an attempt to reduce pain medication or that pain medications were not tolerated. Therefore, MTUS criteria for the use of acupuncture is not met and this request is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

Decision rationale: This patient suffered injury to her neck and low back after a fall down some stairs in 2010. Request is made for an MRI of the cervical spine. MTUS guidelines state that if physical evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant the selection of an imaging study (CT or MRI) to define a potential cause. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. None of these criteria have been met in this patient. ODG states that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture or herniation). While previous MRIs are not available for review, it is presumed that the findings were non-surgical. The medical records for this patient reveal no significant objective findings on examination and no significant change in symptoms. Therefore the request for a cervical MRI is not medically necessary.

MRI of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: The patient suffered injury to her neck and back in a fall down some stairs in 2010. Request is made for an MRI of her low back due to chronic pain. MTUS guidelines state that if physical evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant the selection of an imaging study (CT or MRI) to define a potential

cause. Unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic evidence is less clear, however, further physiologic evidence of nerve dysfunction, such as an EMG, should be obtained before ordering imaging studies. The presence of any red flags on physical exam that correlates with the medical history may indicate a need for immediate consultation. This patient's medical records indicated no symptoms or objective findings consistent with a red flag. The ODG states that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture or herniation). There are no significant change in symptoms or objective findings in this patient, thus the request for MRI is not medically necessary.