MAXIMUS Federal Services

Case Number:	CM14-0187003		
Date Assigned:	11/17/2014	Date of Injury:	01/05/2014
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Practice, and is licensed to practice in Ohio. 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 48-year-old male whose date of injury was January 5, 2014. He was involved in a head-on motor vehicle accident. He has complained of low back pain and unspecified leg pain. The back pain radiates to the buttocks. He has also had neck pain. The treating physician's note from April 23, 2014 specifies that after the accident a lumbar MRI scan was done although no results are discussed. The injured worker appears to have had physical therapy to the back and neck which either was beneficial or was not beneficial depending on which treating provider is writing the note. He has been treated with diclofenac XR 100 mg, tramadol ER 150 mg, and Tizanidine 4 mg. There is a suggestion that he has had acupuncture as 6 visits were originally ordered on April 23, 2014. The physical exam reveals tenderness to palpation of the cervical paraspinal muscles, normal cervical range of motion, and a normal upper extremity neurologic exam. There is diminished lumbar range of motion with extension causing more pain, tenderness to palpation and spasm with guarding in the lumbar paraspinal muscles. The lower extremity neurologic exam is normal. The diagnoses include lumbar disc bulge, lumbar facet disease, cervical strain, and thoracic strain. At issue is a request for acupuncture twice weekly for 4 weeks, a lumbar support for use in the car, and MRI scan of the lumbar sacral spine. On October 28, 2014 the request for acupuncture was modified to twice weekly for 3 weeks. The lumbar support and MRI scan was denied.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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, MRI

Decision rationale: Per the Official Disability Guidelines, indications for lumbar MRI imaging are:Indications for imaging -- Magnetic resonance imaging:- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. - Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patientIn this instance, the requesting /treating physician notes that an MRI scan of the lumbar spine was done shortly after the initial injury. The results are not discussed in the notes but the treating physician does list a diagnosis of lumbar disc bulge among others. This would suggest that he has reviewed previous MRI findings. The rationale for a repeat MRI scan in the absence of positive neurologic findings cannot be located within the text of the notes provided. Therefore, an MRI of the lumbar spine is not medically necessary.

Lumbar support for the car: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Lumbar Supports

Decision rationale: Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this instance, the intent is clearly for treatment and not for back pain prevention. Therefore, a lumbar support is medically necessary.

Acupuncture for the lumbar spine two times a week for four weeks: Upheld

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

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, Acupuncture

Decision rationale: The Official Disability Guidelines recommend a trial of acupuncture of 3-4 visits over 2 weeks for back problems. With evidence of functional improvement, a total of 8-12 visits may be allowable over 4-6 weeks. In this instance, if the injured worker has already had a trial of acupuncture, no documentation is available for review describing functional improvement as a consequence. If there has not been any acupuncture, then a 3-4 visit trial over 2 weeks would be appropriate. Consequently, acupuncture 2 times a week for 4 weeks is not medically necessary.