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| Case Number: | CM14-0189886 | | |
| Date Assigned: | 11/21/2014 | Date of Injury: | 10/02/2013 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 11/14/2014 |

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 & Rehabilitation 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 patient was seen in spine center evaluation 10/31/2014. At that time the patient was noted to have a history of an injury when she was helping a patient into bed. The patient developed pain in her low back shooting to the left foot. She was originally treated with physical therapy with some benefit. The patient also found that acupuncture was helpful. X-rays showed facet arthropathy at L4-5 and L5-S1. Dorsal medial branch block and radiofrequency ablation were under consideration. On physical examination no focal neurological deficit was noted. The patient had very limited lumbar extension, causing pain, and she was tender in the lower lumbar paraspinal muscles and the facets. The treatment plan included an MRI of the lumbar spine to evaluate for discogenic or facet-related etiology of the patient's pain as well as continued acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: ACOEM guidelines, Chapter 12, low back, page 309, recommends lumbar MRI imaging when there are red flag factors, such as cauda equina, tumor, infection, or fracture suspected. At this time the medical records do not document such suspected red flag findings; given a physical exam and history and x-rays consistent with facet-mediated pain without neurological findings, the guidelines would not support an indication for lumbar MRI. This request is not medically necessary.

ACUPUNCTURE x6 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines section 24.1 recommends that acupuncture treatments may be extended if functional improvement is documented as defined in section 92.20. The medical records in this case do not clearly document such functional improvement from past acupuncture. This case is not supported by the treatment guidelines. Overall, this request is not medically necessary.