

Case Number:	CM14-0197769		
Date Assigned:	12/08/2014	Date of Injury:	05/06/2003
Decision Date:	01/20/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 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:

This is a 57 year-old male with a work related injury dated 10/14/2007 as the result of a falling while employed as a deputy sheriff. According to a primary physician's progress report dated 11/10/2014, the injured worker presented for a follow-up visit for back pain. Additional complaints consisted of new worsening pain with numbness and tingling radiating down left buttocks to toes in L5-S1 pattern. Diagnoses included lumbar facet syndrome, spinal/lumbar degenerative disc disease, and low back pain. Treatments have consisted of medications, Transcutaneous Electrical Nerve Stimulation unit, acupuncture, and chiropractic treatments, in which the injured worker stated that he obtains the most significant pain relief from acupuncture and chiropractic treatments and able to manage his pain without using any medications. The injured worker also stated that he has an increase in range of motion and strength with the previous therapies. Diagnostic testing included electromyography and nerve conduction studies dated 12/10/2014 which showed evidence for mild left chronic L5-S1 lumbosacral radiculopathy without active denervation and MRI in 2012 which showed 4mm bulge in the left side in L5-S1. Work status is noted as permanent and stationary and working full time with gun belt suspenders as a work modification. On 10/30/2014, Utilization Review denied the request for Acupuncture Therapy 2x/week, Chiropractic Therapy once a week, and MRI of the Lumbar Spine citing California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines. The Utilization Review physician stated that there are no prior acupuncture notes to identify the reported relief or functional benefit regarding the Acupuncture Therapy. In regards the Chiropractic Therapy, the records indicate the injured worker previously had chiropractic therapy and reports pain levels decreased to 1-1.5/10, however, the chiropractic notes are not included to identify the number of sessions or functional benefit. Lastly, regarding

the MRI, the records indicate the injured worker had an MRI dated 2012 with documented 4mm bulge in the left side in L5-S1 and reports worsening pain with numbness and tingling radiating down the left buttocks to toes in L5-S1 pattern, however, the records do not include prior MRI or examinations to identify significant changes. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 2 times a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture, Section 9792.24.1 of the California Code of Regulations, Title 8/Special Topics. Pa.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of acupuncture as a treatment modality. These guidelines refer to Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. Section 9792.24.1 of the California Code of Regulations, Title 8 state the following: That acupuncture is used as an option when pain medication is reduced or not tolerated. Further, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Based on the information in the medical records, there is no evidence that the requested service is being used as an adjunct to physical rehabilitation or surgical intervention. There is also no evidence in the medical records to indicate that the pain medications prescribed are being reduced or not tolerated. Finally, there is no evidence from the available medical records that prior treatments with acupuncture have resulted in functional benefit and improvement in pain control. Therefore, acupuncture is not considered as a medically necessary treatment.

Chiropractic therapy once a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Manual Therapy & Manipulation as a treatment modality. In this case the patient has already received prior sessions of manual therapy; however, as noted in the Utilization Review process, it is unclear how many prior sessions have been provided to this patient. Further, there is insufficient documentation in the records to determine whether these prior sessions have

resulted in functional improvement. In summary, given the lack of documentation as to the number of prior sessions and evidence for functional benefit, the continued treatment with chiropractic therapy is not considered as medically necessary.

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), Lumbar and Thoracic/Acute and Chronic, MRI.

Decision rationale: In this case the records indicate that the patient has had a prior MRI. Further, there is insufficient documentation in the records that the patient has evidence of these stated "red flag" symptoms that warrant a subsequent MRI examination. There is also insufficient documentation that the patient has a radiculopathy and, if this is a new finding, has had "at least 1 month of conservative therapy." Under these conditions, repeat imaging of the lumbar spine with an MRI is not considered as medically necessary.