

Case Number:	CM14-0209900		
Date Assigned:	12/22/2014	Date of Injury:	03/15/2011
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 46 year-old male with a date of injury of 3/15/2011. A review of the medical documentation indicates that the patient is undergoing treatment for low back pain. Subjective complaints (8/30/2014) include low back pain. Objective findings (8/30/2014) include lumbar paraspinous tenderness and spasm and decreased lumbar range of motion. Diagnoses include s/p posterior and anterior lumbar interbody fusion L5-S1. The patient has undergone studies to include X-ray (2014), which showed evidence of fusion surgery and anterolisthesis at L5-S1; no other imaging studies were available for review. The patient has previously undergone lumbar fusion surgery in 2011 and 2013, chiropractic manipulation, physical therapy, medications, acupuncture, and epidural steroid injections. A utilization review dated 11/17/2014 did not certify the request for acupuncture consultation 2xs per week for 6 weeks; there was no mention of a request for CT of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290; 303-304.

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 Pain, CT (computed tomography)

Decision rationale: According to ACOEM guidelines, CT is only mentioned in the context of broader imaging recommendations, which is generally recommended when neurologic examination is sufficient to establish nerve compromise. CT is recommended as an imaging technique to identify and define low back pathology for disk protrusion, cauda equine syndrome, spinal stenosis, or post-laminectomy syndrome, although MRI carries a higher recommendation level for all these diagnoses. CT is not recommended for lumbar strain. Official Disability Guidelines states that CT for low back pain is not recommended except for specific indications: "1) thoracic spine trauma: equivocal or positive plain films, no neurological deficit; 2) thoracic spine trauma: with neurological deficit; 3) lumbar spine trauma: trauma, neurological deficit; 4) lumbar spine trauma: seat belt (chance) fracture; 5) myelopathy, traumatic; 6) myelopathy, infectious disease; 7) evaluate pars defect not identified on plain x-rays; and 8) evaluate successful fusion if plain x-rays do not confirm fusion." Official Disability Guidelines states that magnetic resonance imaging has largely replaced CT because of superior soft tissue resolution and multiplanar capability. The patient is s/p fusion surgery and does not have any of the ACOEM-recommended diagnoses. There is an X-ray in the medical record that appears to confirm lumbar fusions, but also states "pars defects at L5 are not ruled out, as the pars are obscured by the hardware." This does seem to meet one of the Official Disability Guidelines recommended indications. However, the treating physician does not mention this finding or the reasoning for pursuing the CT in the available records. In the absence of any acknowledgement by the treating physician of the issue and indication for CT, imaging studies do not appear to be appropriate as the question to be answered may not be apparent or clinically significant. Therefore, the request for CT of the lumbar spine is not medically necessary at this time.

Retrospective (DOS: 9/11/2014) Acupuncture consultation and treat 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture

Decision rationale: According to MTUS guidelines, acupuncture is recommended as an option when pain medication is reduced or not tolerated. The guidelines state that acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS recommends initially 3-6 treatments for 1-3 times per week for 1-2 months. Official Disability Guidelines does not recommend acupuncture for acute low back pain, but does mention that it may be considered as a trial if it would facilitate participation in active rehab efforts. The initial trial is recommended for 3-4 visits over 2 weeks. The medical documentation does indicate the patient has received several sessions of acupuncture in the past. There is no

mention that the acupuncture would specifically facilitate participation in active rehab effort, but the patient does appear to be undergoing physical therapy, although records are not available for these sessions. However, the duration of this initial therapy exceeds the recommendations for a trial of 3-6 treatments. Therefore, the request for retrospective acupuncture consultation and treatment 2xs/week for 6 weeks is not medically necessary.

Continued Acupuncture 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture

Decision rationale: According to MTUS guidelines, acupuncture is recommended as an option when pain medication is reduced or not tolerated. The guidelines state that acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS recommends extension of acupuncture if functional improvement is documented. Official Disability Guidelines does not recommend acupuncture for acute low back pain, but does mention that it may be considered as a trial if it would facilitate participation in active rehab efforts. In this circumstance, Official Disability Guidelines recommends evidence of objective functional improvement after initial trial to continue for a maximum of 8-12 visits over 4-6 weeks. Evidence to repeat this beyond an initial short course of therapy is inconclusive. As above, the medical documentation does indicate the patient has received several sessions of acupuncture for a trial period. There is no mention that the acupuncture would specifically facilitate participation in active rehab effort, but the patient does appear to be undergoing physical therapy, although records are not available for these sessions. The treatment does fit the high end of the recommendation length for continued therapy, although taken in conjunction with prior therapy it does exceed recommendations overall (24 sessions over 12 weeks total). There is no specific mention by the treating physician that this initial trial has been helpful, the only mention of this is from the treating chiropractor who checked a box stating "treatment is helping". There should be some indication of the functional improvement gained from the initial trial period by the requesting physician, and the overall length of therapy exceeds recommendations. Therefore, the request for continued acupuncture 2xs/week for 6 weeks is not medically necessary at this time.