

Case Number:	CM15-0002774		
Date Assigned:	01/13/2015	Date of Injury:	05/25/2010
Decision Date:	03/09/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old man sustained an industrial injury on 5/25/2010. The mechanism of injury is not detailed. Current diagnoses include lumbar sprain, myalgia and myositis, lumbar disc displacement, and lumbosacral neuritis. Treatment has included oral medications and acupuncture. Physician notes dated 11/14/2014 show continued complaints of moderate to severe pain to the low back. A recent EMG/NCV showed lumbosacral radiculopathy. Recommendations include electroacupuncture based on the EMG results. The worker is currently not working. Follow up visit notes dated 12/10/2014 show similar complaints and exam. The worker states that the electroacupuncture has helped to decrease pain and discomfort and increase functionality. Recommendations include continuing electroacupuncture and obtaining a lumbosacral MRI with gadolinium per QME recommendation. On 12/22/2014, Utilization Review evaluated prescriptions for MRI with gadolinium and electroacupuncture infrared, myofascial release 2X6 lumbosacral spine, that were submitted on 12/31/2014. The UR physician noted the documentation does not describe changes in exam, symptoms, or re-injury since the last MRI, further, it does not detail a three to four week period of conservative care and observation that failed. Also, there is documentation to support that the worker was previously authorized for acupuncture, however, no documentation of functional improvement was found. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

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 with Gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Chapter, Indications for Imaging - Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This 50 year old male has complained of low back pain since date of injury 5/25/10. He has been treated with lumbar spine surgery, electroacupuncture, physical therapy and medications. The current request is for an MRI of the lumbar spine. Per the MTUS guidelines cited above, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. And, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this patient, the medical documentation does not indicate a change in symptomatology or physical examination findings or document re-injury since the previous MRI of the lumbar spine. On the basis of the MTUS guidelines, MRI of the lumbar spine is not indicated as medically necessary.

Electroacupuncture infrared, myofascial release, twice (2) a week for six (6) weeks for the Lumbosacral Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 50 year old male has complained of low back pain since date of injury 5/25/10. He has been treated with lumbar spine surgery, electroacupuncture, physical therapy and medications. The current request is for electroacupuncture. Per the MTUS guidelines cited above, acupuncture has not been found effective in the management of back pain. Furthermore, there is no documentation of functional benefit or measurable pain relief after previous sessions of acupuncture. On the basis of the available medical documentation and per the MTUS guidelines cited above, electroacupuncture is not indicated as medically necessary.