

Case Number:	CM15-0008757		
Date Assigned:	01/26/2015	Date of Injury:	05/24/2013
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/15/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male who reported an injury on 05/24/2013, after he pulled a box out of a corner, which reportedly caused an injury to his low back. The injured worker's diagnoses included lumbar sprain, lumbar disc displacement, and lumbar facet arthropathy. The injured worker's treatment history included physical therapy, medications, and acupuncture. The injured worker was evaluated on 12/10/2014. It was documented that the injured worker was taking Tylenol with codeine that provided pain relief. The injured worker complained of 5/10 to 6/10 pain exacerbated by activity. The physical examination at that appointment revealed unrestricted range of motion of the lumbar spine, with a positive straight leg raising test and decreased sensation to light touch in the bilateral S1 dermatomal distribution. A treatment plan was not provided for that appointment. A request was made for acupuncture for the lumbar spine twice weekly for 4 weeks. A Request for Authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture for the lumbar spine twice weekly for 4 weeks is not medically necessary or appropriate. The clinical documentation submitted for review did not provide objective functional improvement resulting from previous acupuncture treatment. Additionally, California Medical Treatment Utilization Schedule recommends acupuncture in conjunction with active therapy. There is no documentation that the injured worker is participating in any type of active therapy. As such, the requested acupuncture over the lumbar spine twice weekly for 4 weeks is not medically necessary or appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs Section

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 Chapter, MRI

Decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend imaging for injured workers with neurological deficits that have failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker previously underwent an MRI that identified vertebral disk displacement. Official Disability Guidelines do not recommend repeat imaging unless there is evidence of progressive neurological deficits or evidence that there has been a significant change in pathology. The clinical documentation does not support that the injured worker's radicular symptoms are progressive in nature. Therefore, additional imaging would not be supported. As such, the request MRI of the lumbar spine is not medically necessary or appropriate.