

Case Number:	CM15-0009494		
Date Assigned:	01/27/2015	Date of Injury:	03/05/2013
Decision Date:	03/19/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Ohio, California

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 injured worker is a 27 year old male who sustained an industrial injury on March 5, 2013. He has reported back pain and has been diagnosed with lumbar sprain/strain and sciatica. Treatment to date has include medications and physical therapy. The injured worker currently complains of back pain with intermittent radiation down both legs. The treatment plan has included acupuncture treatments. On December 18, 2014 Utilization Review non certified back brace for L/S and modified acupuncture x 6 for L/S citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Acupuncture Sessions for The Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for six sessions of acupuncture of lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the Acupuncture Medical

Treatment Guidelines, acupuncture can be employed for a wide variety of purposes, including to treat chronic pain, to reduce pain, to reduce inflammation, to promote relaxation, etc. The first-time request for six sessions of acupuncture did conform to the three to six treatments deemed necessary to effect functional improvement in the MTUS. Therefore, the first-time request for six sessions of acupuncture was medically necessary.

Back Brace for 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The proposed lumbar support/lumbar brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports/back braces are not recommended outside of the acute phase of symptom relief. Here, the applicant was outside of the acute phase of symptom relief following an industrial injury of March 5, 2013 as of the date of the request. Introduction, selection, and/or ongoing usage of a lumbar support was not, thus, indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.