

Case Number:	CM15-0107008		
Date Assigned:	06/11/2015	Date of Injury:	09/24/2010
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/03/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury on 9/24/2010. The current diagnoses are lumbar radiculopathy, right-sided lumbosacral radiculopathy, and multi-level degeneration of the lumbosacral intervertebral disc. According to the progress report dated 4/24/2015, the injured worker complains of low back and right leg pain. The pain is rated 5/10 with medications and 9/10 without. The physical examination of the lumbar spine reveals tightness and tenderness over the paraspinal muscles and bilateral sacroiliac joints, right greater than left, positive bilateral straight leg raise test, restricted range of motion, and hypoesthesia and dysesthesia from his posterior lateral right low back to his ankle. The current medications are Vicodin, Lyrica, Motrin, Prilosec, Soma, Ultram, and Lidoderm patch. Treatment to date has included medication management, MRI studies, acupuncture (improved pain), physical therapy, electrodiagnostic testing, chiropractic, and lumbar epidural steroid injection. Per notes, he has been able to stay at work secondary to acupuncture and medications. The plan of care includes 6 additional acupuncture sessions and gait belt.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 6 acupuncture is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS states that the time to produce functional improvement is 3 to 6 treatments, at 1 to 3 times per week for an optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented. The documentation is not clear on how many prior acupuncture treatments the patient has had in the past. Without clarification of this information, the request for 6 acupuncture is not medically necessary.

Gait belt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 04/29/15) Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 9, and 298,301.

Decision rationale: Gait belt is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The documentation submitted does not reveal extenuating reasons to go against guideline recommendations and therefore the request for a gait belt is not medically necessary.