

Case Number:	CM15-0183775		
Date Assigned:	10/22/2015	Date of Injury:	01/16/2015
Decision Date:	12/11/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 sustained an industrial injury on 1-16-15. A review of the medical records indicates he is undergoing treatment for thoracic sprain and strain, lumbar radiculitis, abdominal injury and status post hernia repair in May 2015. Medical records (7-2-15, 8-10-15) indicate constant "moderate" mid, upper, and lower back pain. He reports that his low back pain is "sometimes sharp" and has stiffness of the lower back muscles. He also complains of right groin and testicular region "persistent" pain. The 7-2-15 progress record indicates he has difficulty with sexual intimacy secondary to pain, as well as states that his "activities of daily living remain greatly impaired". He also reports difficulty with sleep. The physical exam (8-10-15) reveals tenderness to palpation of the thoracic paravertebral muscles, as well as the lumbar paravertebral muscles. The treating provider indicates that Kemp's Nachlas, and Valsalva's causes pain bilaterally. The 7-2-15 record indicates lumbar range of motion is within normal limits. Treatment has included physical therapy, chiropractic manipulation, sessions of acupuncture, and modified work activities. Treatment recommendations include a request for MRIs of the thoracic and lumbar spine, as well as acupuncture 2 times a week for 6 weeks. The utilization review (8-25-15) includes requests for authorization of MRIs of the thoracic and lumbar spine. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM Treatment Guidelines for the Upper/Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for this Thoracic MRI nor document any failed conservative trial with medications and therapy. The patient has chronic symptom complaints with diffuse tenderness and spasm and non-correlating neurological findings without specific neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of thoracic spine is not medically necessary and appropriate.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient is without specific dermatomal or myotomal neurological deficits. Report noted negative straight leg raise without motor or sensory loss. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of lumbar spine is not medically necessary and appropriate.

Acupuncture (12-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal neurological deficits to support for treatment with acupuncture. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for 12 acupuncture visits, beyond guidelines criteria. It is unclear how many acupuncture sessions the patient has received for this injury nor what specific functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, improved VAS score, decreased pharmacological profile of use and dose, decreased medical utilization nor is there report of acute flare-up or new injuries from conservative treatments already rendered. The Acupuncture is not medically necessary and appropriate.