

Case Number:	CM15-0190969		
Date Assigned:	10/05/2015	Date of Injury:	12/09/2014
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on 12-09-2014. The injured worker is being treated for herniated disc with stenosis, degenerative arthritis right hip and rule out internal derangement left hip. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) of the right hip and lumbar spine, medications, acupuncture and physical therapy. Per the Primary Treating Physician's Progress Report dated 8-11-2015, the injured worker reported low back pain, right hip pain and left hip pain. Objective findings of the low back included spasms; there was 40 degrees of flexion and 10 degrees of extension. There is no documentation of a left hip examination on this date. Work status was temporarily totally disabled. The plan of care included, and authorization was requested for magnetic resonance imaging (MRI) of the left hip and acupuncture (1x8) for the lumbar spine. On 9-03-2015, Utilization Review non-certified the request for MRI of the left hip and acupuncture (1x8) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip, imaging.

Decision rationale: The ACOEM and the California MTUS do not specifically address imaging of the hip or lower extremity. The ODG indicates imaging is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries and tumors. In this case the provided documentation fails to show concern or objective finding consistent with any of the above mentioned diagnoses on the included physical exam for review. Therefore criteria for pelvic imaging has not been met per the ODG and the request are not medically necessary.

Acupuncture 1x8 visits to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments; 2. Frequency: 1-3 times per week; 3. Optimum duration is 1-2 months; 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 8 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore the request is in excess of the recommended initial treatment sessions and not medically necessary.