MAXIMUS Federal Services

Case Number:	CM15-0191027		
Date Assigned:	10/05/2015	Date of Injury:	02/24/1998
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
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: New Jersey, New York
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 63-year-old female, who sustained an industrial injury on 2-24-2009. The injured worker is being treated for lumbar sprain-strain with radicular complaints and status post bilateral knee arthroscopy. Treatment to date has included medications, diagnostics, and surgical intervention (bilateral knees). Per the Primary Treating Physician's Orthopedic Reevaluation dated 8-05-2015, the injured worker reported low back pain with radiation down the right leg to the foot and cramping in the left calf. She has been using Norco for two years. Objective findings of the lumbosacral spine included increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There are muscle spasms. The notes from the provider do not document efficacy of the prescribed medications. Work status was documented as "Per AME." The plan of care included electrodiagnostic testing and a pain management consultation. Authorization was requested for acupuncture (2x4) for the lumbar spine, and lumbar support. On 9-15-2015, Utilization Review non-certified the request for acupuncture (2x4) for the lumbar spine, and lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for 4 weeks, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The request for additional acupuncture is not medically necessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 8 sessions. Therefore, the request is not medically necessary.

Lumbar support: 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-Lumbar & Thoracic (Acute & Chronic-Lumbar supports.

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

Decision rationale: As per the MTUS guidelines, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." For six years, the patient has had chronic lower back. There is no documentation of fracture or instability. The patient is currently out of the acute phase. The patient does not have documented musculoskeletal and neurological deficits that would benefit from a lumbar brace. Therefore, the request is considered not medically necessary.