

Case Number:	CM15-0200104		
Date Assigned:	10/15/2015	Date of Injury:	05/22/1997
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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, Hawaii

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 56 year old female, who sustained an industrial injury on 05-22-1997. A review of the medical records indicates that the worker is undergoing treatment for chronic pain, failed back surgery syndrome, lumbar, lumbar radiculopathy and left hemilaminectomy. MRI of the lumbar spine dated 07-03-2013 was noted to show mild disc desiccation, mild facet degenerative changes, mild retrolisthesis, disc bulging and severe disc space narrowing. Subjective complaints (04-07-2015, 05-19-2015 and 07-21-2015) include neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities with frequent numbness in the bilateral lower extremities. Pain was rated as 5-6 out of 10 with medications and 8-10 out of 10 without medications. Objective findings (04-07-2015, 5-19-2015 and 07-21-2015) include spasm at L4-S1, tenderness in this area, moderately limited range of motion, pain with range of motion, sensitivity to touch along the L4-L5 dermatome in the bilateral lower extremities, moderately decreased strength in the bilateral lower extremities and positive straight leg raise bilaterally in the seated position at 50 degrees. Treatment has included Flexeril, Gabapentin, Tramadol, transcutaneous electrical nerve stimulator (TENS) unit, acupuncture, caudal epidural steroid infusion of L4-L5 and physical therapy. Documentation shows that the physician had requested a trial of 3-4 acupuncture visits on 04-07-2015 and requested 4 additional sessions of acupuncture on 05-19-2015. Moderate improvement was noted with acupuncture and quality of life and areas of functional improvement were noted as "working at job." The physician noted that prior acupuncture provided improved pain control and functional improvement with increased exercise tolerance. The physician noted that an MRI of the lumbar spine was being requested to further evaluate the injured worker's persistent pain and symptoms. A utilization review dated 09-22-2015 non-certified acupuncture times 6 sessions of low back and MRI lumbar without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 6 sessions low back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with diagnoses that include lumbar radiculopathy and failed back surgery syndrome and L3-L4, L4-5 disc bulge. The patient recently complained of neck pain and low back pain radiating down her upper and lower extremities. The current request is for 6 sessions of acupuncture for the low back. The treating physician states in the treating report dated 9/4/15 (9D), "Treatment Plan/RFA: She is doing well with her acupuncture therapy." The clinical records provided indicate that the patient has received prior acupuncture treatments. Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of low back complaints. AMTG states, "Time to produce functional improvement: 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20." In this case, the clinical history notes that the patient has completed prior acupuncture therapy and reports "improved pain control and functional improvement." Documented improved function includes, improved positioning of the treated body part, increased exercise tolerance and that the patient is presently able to tolerate working. The current request is medically necessary.

MRI lumbar without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with diagnoses that include lumbar radiculopathy and failed back surgery syndrome and L3-L4, L4-5 disc bulge. The patient recently complained of neck pain and low back pain radiating down her upper and lower extremities. The current request is for a MRI of the lumbar spine without contrast. The treating physician states in the treating report dated 9/4/15 (9D), "MRI of the lumbar spine." This request is a follow up upon the request made on 7/21/15 (33D) where the treating physician stated, "An MRI of the lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms." The patient's last MRI according to the clinical history was dated 7/3/13 (30D). ACOEM and MTUS

guidelines do not address repeat MRI scans. ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the treating physician has not documented a significant change in symptoms or pathology and there are no emergent red flags noted. The current request is not medically necessary.