

Case Number:	CM15-0204611		
Date Assigned:	10/21/2015	Date of Injury:	03/05/2015
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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

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 33 year old male who sustained an industrial injury on 3-5-15. A review of the medical records indicates he is undergoing treatment for lumbar spine sprain and strain with radicular complaints. Medical records (7-15-15, 9-16-15) indicate ongoing complaints of low back pain with radiations to bilateral lower extremities and stiffness. The physical exam (9-16-15) reveals tenderness to palpation about the paralumbar musculature and at the midline thoraco-lumbar junction, as well as over the level of L5-S1 facets and right greater sciatic notch. Muscle spasms are noted. The treating provider indicates "weak core muscles". Restricted range of motion is noted due to complaints of pain. The straight leg raise test is positive on the left side at 30 degrees. Lasegue's test is positive bilaterally. Diagnostic studies have included an MRI of the lumbar spine revealing evidence of a 3 millimeter protruded disk at L5-S1 and a 2-millimeter disc bulge at L4-L5. An EMG-NCV study of bilateral lower extremities was completed and revealed evidence of an "acute" L5, S1 lumbosacral radiculopathy. Treatment has included physical therapy and chiropractic manipulation. He is working with restrictions of no heavy lifting over 25 pounds. The treatment recommendations include acupuncture 2 times a week for 4 weeks and a pain management consultation. The utilization review (9-30-15) includes requests for authorization of acupuncture 2 x 4 and a pain management consultation. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4: 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: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, the provider recommended acupuncture (8 sessions) due to persistent back pain regardless of physical therapy and chiropractor sessions as well as medications (muscle relaxants and NSAIDs). However, it appears that this is a first-time recommendation for acupuncture, which would only warrant a 3-6 session request. Also, it is not clear as to whether the worker was still completing home exercises. Therefore, this request will be considered medically unnecessary at this time.

Pain management consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM p. 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, the provider requested they see a pain specialist for the purpose of considering an epidural injection of the lumbar spine. However, although there were disc bulges seen on MRI and initial symptoms suggestive of radiculopathy, there was no recent reports of extremity symptoms and only a positive straight leg raise test, without any neurological findings suggestive of lumbar radiculopathy. Also nerve testing suggested no lumbar spine radiculopathy. Therefore, it doesn't seem appropriate to consider epidural injection and therefore it is not medically necessary for the worker to see a pain specialist at this time.

