

Case Number:	CM15-0207866		
Date Assigned:	10/26/2015	Date of Injury:	07/01/1992
Decision Date:	12/07/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old, male who sustained a work related injury on 7-1-92. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 8-12-15 and 9-8-15, the injured worker reports lower back pain. He rates his pain level a 5-7 out of 10. He reports numbness in both feet on plantar surface. He describes the pain as throbbing, aching, stabbing, and burning pain. He reports moderate, intermittent cervical spine aching and stiffness. He reports the pain medication helps him to do more activities of daily living and function. On physical exam dated 9-8-15, he walks with an antalgic gait to the left with the use of a cane. He has limited range of motion in cervical and lumbar spine. He has tenderness and guarding in lumbar spine. Treatments have included lumbar spine surgery on 2-4-15, greater than 4 physical therapy sessions and medications. Lumbosacral x-rays dated 4-21-15 reveal "post surgical changes with better fusion at L3-4, L4-5 and L5-S1 levels with intact hardware. Rotary scoliosis again noted. Disc space narrowing throughout the lumbar spine and at the lower thoracic spine, sparing at L2-3 level without interval change." Current medications include-not listed. He is not working. The treatment plan includes requesting authorization for an MRI of the cervical spine, for a CT scan of the lumbar spine, for EMG-NCV studies of legs, for a different pain management physician, for a lumbar brace and for acupuncture sessions. The Request for Authorization dated 9-22-15 has requests for MRI of cervical spine, CT scan of lumbar spine, for EMG-NCV of bilateral lower extremities and acupuncture 2 x 4 to cervical and lumbar spine. In the Utilization Review dated 9-24-15, the requested treatment of a CT scan of

the lumbar spine without contrast is not medically necessary. The requested treatment of 8 acupuncture sessions is modified to 3 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Computed tomography (CT).

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

Decision rationale: The MTUS discusses recommendations for imaging in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. This patient had a fusion (L3-S1) in February of 2015, with good post op alignment on plain films. No further xrays are provided to indicate poor fusion, etc. Without further details or more substantial clinical indications for CT scan based on physical exam or other requested imaging studies, the request for CT scan at this time is not medically necessary per the guidelines.

8 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: CA MTUS states that section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers compensation system in California. The section states that time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months, with the option to extend acupuncture treatments if functional improvement is documented. In this case utilization review has modified the request for to allow for 3 treatments and provision of objective evidence of functional improvement prior to consideration of additional treatment. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Based on the provided records, the modification appears reasonable and therefore the request for 8 treatments with acupuncture prior to re-evaluation is not medically necessary.