

Case Number:	CM15-0241680		
Date Assigned:	12/18/2015	Date of Injury:	10/01/2008
Decision Date:	01/28/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/11/2015

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 61 year old female, who sustained an industrial injury on October 1, 2008, incurring low back injuries and right shoulder injuries. She was diagnosed with lumbar degenerative disc disease with herniation and a right shoulder impingement syndrome. She underwent a lumbar spinal fusion, acupuncture, physical therapy, neuropathic medications, antidepressants, antianxiety medications, topical analgesic patches and activity restrictions with modifications. Currently, the injured worker complained of persistent low back pain radiating to both lower extremities with numbness, tingling and weakness. She also noted ongoing right shoulder dull achy pain with decreased range of motion. The consistent pain interfered with her activities of daily living and functional mobility. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the lumbar spine and 8 acupuncture treatments twice weekly to the right shoulder and lumbar spine. On December 1, 2015, requests for a Magnetic Resonance Imaging of the lumbar spine and 8 acupuncture treatments were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine Qty 1.00: Upheld

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

MAXIMUS 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 section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, although low back pain has persisted regardless of medications and other treatments, recent documentation did not reveal specific lumbar radiculopathy on physical examination to follow-up with MRI of the lumbar spine. Without this objective evidence for such, this request is not medically necessary.

Acupuncture treatment twice weekly right shoulder and lumbar spine Qty 8.00: Upheld

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

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, acupuncture was tried (6 sessions), however, the follow-up report was vague, stating decreased pain and increased function. No pain levels were specified to quantify the pain reduction and no specific functional gains were listed. Also, there was no specific plan documented for physical therapy/exercise to accompany this second round of acupuncture. Therefore, based on the documentation made available, this request for additional acupuncture is not medically necessary.