

Case Number:	CM14-0128622		
Date Assigned:	08/18/2014	Date of Injury:	07/27/2012
Decision Date:	10/20/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36 year old male who sustained a work related injury to his low back while lifting a tray and felt a pop, experiencing pain to his low back and lower limb on 07/27/2012. Prior treatment history has included Glipizide, metformin, Diagnostic studies reviewed include Lumbar MRI done on 4/15/13 showed multilevel degenerative disc and joint disease and possible nerve compromise. New patient consult dated 07/17/2014 indicates the patient had complaints of constant pain rated as 8-9/10 in his low back. He reported the pain radiates into his low back. His exam revealed tenderness to palpation in the left greater than right paralumbar muscles. He had palpable tightness but no gross deformity was noted. The lumbar spine revealed limited flexion at 20 to 30 degrees with endpoints of pain; extension at 5 degrees with endpoints of pain. Straight leg raise testing was positive on the left and negative on the right. Neurologic exam revealed 5/5 strength throughout right lower extremity. He did have difficulty with heel-to-toe walking. He was diagnosed with low back pain and lumbar radiculopathy. He was recommended for an updated MRI as his last one was performed in 2013; and he has been recommended for acupuncture sessions twice weekly for 4 weeks. Prior utilization review dated 08/05/2014 states the request for Acupuncture (sessions) quantity 8 is denied as it is not medically necessary; and MRI of the lumbar spine is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (sessions) quantity 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This is a request for 8 visits of acupuncture for a 36 year old male injured on 7/27/12 with chronic low back pain status lumbar facet and epidural injections and functional restoration program. Acupuncture does not appear to have been done in the past. However, according to MTUS guidelines, time to produce functional improvement is 3 to 6 treatments for acupuncture. Thus, an initial trial of 3 treatments would be appropriate in this case in which extensive conservative therapy has failed. 8 visits of acupuncture are not medically necessary at this time.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Official Disability Guidelines (ODG), Lumbar, MRI

Decision rationale: This is a request for repeat lumbar MRI for a 36 year old male injured on 7/27/12 with chronic low back pain status lumbar facet and epidural injections and functional restoration program. Lumbar MRI done on 4/15/13 showed multilevel degenerative disc and joint disease and possible nerve compromise. However, according to ODG guidelines, repeat lumbar MRI is not recommended in the absence of a significant change in symptoms or examination findings suggestive of significant pathology. In this case, medical records do not establish a significant change in symptoms or findings since the patient's prior lumbar MRI. On a 7/7/14 visit, the patient had radicular pain complaints, but examination did not demonstrate clear radiculopathy. Medical necessity is not established for repeat MRI.