

Case Number:	CM14-0137819		
Date Assigned:	09/05/2014	Date of Injury:	03/30/2011
Decision Date:	09/26/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine & Rehabilitation 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:

This 61 year-old patient sustained an injury on 3/30/11 while employed by [REDACTED]. Request(s) under consideration include Acupuncture 2 times 6 QTY: 12.00 and Cybertech Back Brace. The patient is s/p left hemilaminectomy and partial discectomy (undated). Report of 7/24/14 from the provider noted the patient with ongoing chronic neck pain radiating into his right upper extremity; low back pain radiating into his lower extremity. Exam showed cervical range at 50% of normal in all directions; tenderness over right trapezius muscle; limited lumbar range of 25% of normal in all planes; diffuse decreased sensation at left lower extremity; DTRs of 2+ symmetrically; tenderness at midline at L3 to sacrum and over buttocks; mild weakness of EHL of 4+/5. Supplemental report dated 8/5/14 from the provider noted request for acupuncture and back brace for whenever he is out of bed. The patient is retired. Several acupuncture reports dated 7/3/14 and 7/17/14 noted low back and neck pain with decreased pain of 2-3 days after treatment. Medications list Oxycodone, Ibuprofen. The request(s) for Acupuncture 2 times 6 QTY: 12.00 and Cybertech Back Brace were non-certified on 8/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times 6 QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 18 prior sessions of acupuncture with most recent sessions in July 2013 for this chronic injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The request for acupuncture 2 times 6 qty: 12.00 is not medically necessary and appropriate.

Cybertech Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, Back Braces/Lumbar supports and on the State of Colorado Department of Labor and Employment Low Back Pain medical treatment guidelines, Lumbar Corsets and Back Belts.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back brace, page 372.

Decision rationale: There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a custom back brace for acute post-operative use. Reports have not adequately demonstrated the medical indication for the custom back brace. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This claimant is well beyond the acute phase of injury of 2011. In addition, ODG states Lumbar supports as not recommended for prevention and is under study for treatment of nonspecific LBP, recommending as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and post-operative treatment. The Cybertech Back Brace is not medically necessary and appropriate.