

Case Number:	CM14-0178013		
Date Assigned:	10/31/2014	Date of Injury:	12/11/2006
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine and is licensed to practice in New York. 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 65 year old male airline ramp service man with a date of injury of 12/11/2006. He had a listed diagnosis of lumbar strain/sprain with left lumbar radiculopathy. He also has Marfan's syndrome. On 02/14/2014 he was evaluated by an orthopedist. He had low back pain with numbness of both legs. The lumbar range of motion was almost normal - just 5 degrees less than normal. With flexion and extension. Lateral lumbar and rotation were normal. On 06/27/2014 he had an EMG/NCS that revealed chronic left S1 root irritation. On 07/23/2014 he had low back pain and walked with a limp. He had right straight leg raising. On 08/20/2014 he had moderate back pain. The lumbar spine had decreased range of motion and was tender. Right straight leg raising was positive. Acupuncture twice a week for six weeks was requested. Acupuncture twice a week for three weeks was certified. On 09/17/2014 the patient had low back pain that radiated to his left leg and foot. He ambulated with a cane. He had bilateral straight leg raising.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) American College of Occupational Medicine (ACOEM) Chapter 12 page 300 notes, "- Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success." The Acupuncture guidelines note that acupuncture must be part of a treatment program and there must be objective documentation of its efficacy for it to be continued. The patient already had a trail of acupuncture and there was no documentation of any functional improvement. The requested treatment is therefore not medically necessary and appropriate.

Pain Management Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition Chapter 7 Independent Medical Examinations and Consultation, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) American College of Occupational Medicine (ACOEM) chapter 5 page 92 notes that referrals may be appropriate if the practitioner is uncomfortable with the line of treatment in a patient with delayed recovery. However, this patient has no documentation of a significant trial of conservative treatment - physical therapy, NSAIDS, muscle relaxants. There was no documentation of any imaging. The only treatment documented was a trail of acupuncture which was not part of a treatment program. There is insufficient documentation to substantiate referral to pain management. Also he was already evaluated by an orthopedist. The requested treatment is therefore not medically necessary and appropriate.