

Case Number:	CM14-0092760		
Date Assigned:	07/25/2014	Date of Injury:	03/01/2011
Decision Date:	09/25/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/19/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old gentleman was reportedly injured on March 1, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 16, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Norco, Relafen, Prilosec, Effexor, Zanaflex, and Biofreeze. Diagnostic imaging studies of the lumbar spine mild spinal stenosis at L2 - L3 and L3 - L4 and moderate stenosis at L4 - L5. There was possible impingement of the exiting right L4 nerve root. Previous treatment includes acupuncture, home exercise, and lumbar spine epidural steroid injections. A request had been made for psychiatric treatment and was not certified in the pre-authorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych treatment #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: A previous utilization management review does state that the injured employee has been approved for a psychiatric evaluation, it is unknown if this evaluation took place or what the results of it are. Without this information, this request for psychiatric treatment is not medically necessary.

Acupuncture to lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The California MTUS Guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request for acupuncture is not medically necessary.