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| Case Number: | CM14-0041187 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 08/19/2013 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

27y/o female injured worker with date of injury 8/19/13 with related low back pain. Per progress report dated 3/4/14, the injured worker complained of constant severe low back pain and stiffness radiating to the left leg. Per physical exam, there was painful range of motion in the lumbar spine, +3 tenderness to palpation of the paravertebral muscles and bilateral SI joints, Kemps caused pain and sitting straight leg raise test was positive on the right. Treatment to date has included chiropractic manipulation, acupuncture, and medication management. The date of UR decision was 3/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x7 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 309, Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines page 9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per

week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented."The MTUS definition of functional improvement is as follows: ""Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS); and a reduction in the dependency on continued medical treatment."With regard to acupuncture, ACOEM states "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." ACOEM page 309 gives needle acupuncture an optional recommendation for evaluating and managing low back complaints.The documentation submitted for review approved for six sessions of acupuncture on 12/6/13, and it is indicated that at least two sessions were completed. The medical records did not include evidence of functional improvement to warrant further acupuncture. The request is not medically necessary.

Physical therapy 2-3 x 6 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks."The records submitted for review do not indicate that the injured worker has been previously treated with physical therapy. Physical therapy is indicated for the injured worker's low back pain, however, the requested 12 sessions is in excess of the guideline recommended 10. The request is not medically necessary.

Repeat MRI (magnetic resonance imaging) lumbar spine 1.5-3.0 Tesla machine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is

less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation submitted for review indicates that the injured worker previously had MRI of the lumbar spine 1/25/13. The study was unremarkable. The submitted medical records do not indicate change in clinical findings or neurologic function to warrant a repeat study. The request is not medically necessary.