

Case Number:	CM15-0172994		
Date Assigned:	09/15/2015	Date of Injury:	02/05/2015
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 45 year old male, who sustained an industrial injury on 2-5-15. The injured worker is undergoing treatment for lumbar fusion, myofascial pain syndrome, lumbar disc displacement, lumbar radiculopathy and cervical sprain-strain. Medical records dated 8-11-15 indicate the injured worker complains of low back pain radiating to the legs and rated 7 out of 10. Physical exam notes cervical tenderness to palpation, spasm and decreased range of motion (ROM). There is lumbar tenderness to palpation, and spasm with decreased range of motion (ROM) and positive bilateral straight leg raise. Treatment to date has included magnetic resonance imaging (MRI) done 2-6-15 and referred to on 8-11-15 as revealing lumbar radiculopathy, medication "helpful" and physical therapy "limited benefit." The original utilization review dated 8-24-15 indicates the request for ear, nose and throat consult is approved and acupuncture lumbar 2 X 3, chiropractic treatment 2X4 for lumbar, electromyogram and nerve conduction study bilateral legs-lower extremities and lumbar magnetic resonance imaging (MRI) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture lumbar 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture is not a necessary treatment for the patient's current diagnoses which include loss of hearing, myofascial pain syndrome, lumbar disc displacement, and lumbar radiculopathy. Acupuncture lumbar 2 times a week for 3 weeks is not medically necessary.

Chiropractic therapy 2 times a week for 4 weeks, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The request is for 8 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 8 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. The original reviewer modified the request to 6 sessions which is in accordance with the MTUS guidelines. Chiropractic therapy 2 times a week for 4 weeks, lumbar is not medically necessary.

EMG/NCS bilateral legs/lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. EMG/NCS bilateral legs/lower extremities is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: This patient underwent an MRI of the lumbar spine on 02/06/2015 which revealed lumbar radiculopathy. The medical record contains no documentation of red flags indicating that a repeat MRI is indicated. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. MRI lumbar spine is not medically necessary.