MAXIMUS Federal Services

Case Number:	CM15-0064722		
Date Assigned:	04/10/2015	Date of Injury:	04/29/2014
Decision Date:	05/11/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male who sustained an industrial injury on 4/29/14 when he pushed a wheelchair with a large patient and experienced severe low back pain that radiated into his left buttocks and bilateral lower extremities. He was seen at an industrial clinic and given work restrictions. He currently complains of severe low back pain that radiates into his left lower extremity; constant throbbing into his left buttock and thigh with numbness that radiates into his left heel. His pain intensity is 7/10. Medications are cyclobenzaprine, APAP Codeine #3, Naproxen. Diagnoses include lumbar strain; left L4-5 radiculopathy; left lower extremity radiculopathy; rule out lumbar intervertebral disc displacement without myelopathy. Treatments to date include medications, chiropractic care. No diagnostic were available for review. In the progress note dated 2/19/15 the treating provider's plan of care includes acupuncture 8 sessions; MRI of the lumbar spine due to severe low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 to low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture times 8 sessions to the low back is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are lumbar strain; left lower extremity radiculopathy; and rule out lumbar intervertebral displacement without myelopathy. The injured worker completed 12 of 12 chiropractic treatments. There was no documentation of objective functional improvement. The guidelines recommend an initial trial of 3-4 visits over two weeks. The treating physician requested 8 sessions of acupuncture to the low back. This is in excess of the recommended guidelines. Consequently, absent compelling clinical documentation pursuant to the recommended guidelines, acupuncture times 8 sessions to the low back is not medically necessary.

MRI to low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are lumbar strain; left lower extremity radiculopathy; and rule out lumbar intervertebral displacement without myelopathy. The utilization review states the injured worker had a prior magnetic resonance imaging scan on June 19, 2014. There was no MRI scan in the medical record documentation. Subjectively, according to a February 19, 2015 progress note by the chiropractic provider, the worker had subjective complaints of severe low back pain radiating to the left in bilateral lower extremities. The VAS pain scale was 7/10.

Objectively, there was severe lumbar and gluteal paraspinal spasm, left greater than right with decreased range of motion. There was loss of sensation in the L4 - L5 nerve distribution on the left. There was no discussion by the requesting provider of a prior MRI of the lumbar spine. Additionally, there was no discussion of a significant change in symptoms and objective findings suggestive of significant pathology (to warrant a repeat MRI). The ACOEM and states unequivocal objective findings that identify specific nerve compromise on the neurologic examination is sufficient evidence to warrant imaging. There are no unequivocal objective findings identifying specific nerve compromise in the medical record. Consequently, absent clinical documentation of the prior magnetic resonance imaging scan, unequivocal objective evidence of nerve compromise on the neurologic examination, and a significant change in symptoms and/or objective findings suggestive of significant pathology, MRI lumbar spine is not medically necessary.