

Case Number:	CM15-0069775		
Date Assigned:	04/17/2015	Date of Injury:	03/11/2008
Decision Date:	05/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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: Emergency 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 55 year old male with an industrial injury dated 10/31/2008. His diagnoses included herniated pulposus lumbar spine, depression and anxiety. Prior treatment included psychiatric treatment, diagnostics and medications. He presented on 02/17/2015 with complaints of back and right leg pain with memory problems. Physical examination is documented as decreased range of motion with pain. Treatment plan included acupuncture to lumbar spine, physiotherapy to lumbar spine and diagnostics to include MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRIs.

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

Decision rationale: The requested MRI of the Lumbar Spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has back and right leg pain with memory problems. Physical examination is documented as decreased range of motion with pain. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength, nor an acute clinical change since a previous MRI. The criteria noted above not having been met, MRI of the Lumbar Spine is not medically necessary.

Acupuncture for the Lumbar Spine, once a week for ten weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture for the Lumbar Spine, once a week for ten weeks, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has back and right leg pain with memory problems. Physical examination is documented as decreased range of motion with pain. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Acupuncture for the Lumbar Spine, once a week for ten weeks is not medically necessary.

Physiotherapy for the Lumbar Spine, twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested Physiotherapy for the Lumbar Spine, twice a week for three weeks, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has back and right leg pain with memory problems. Physical examination is documented as decreased range of motion with pain. The treating physician has not documented objective evidence of derived functional benefit from completed physical therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance

on medical intervention. The criteria noted above not having been met, Physiotherapy for the Lumbar Spine, twice a week for three weeks, once a week for ten weeks is not medically necessary.