

Case Number:	CM16-0242419		
Date Assigned:	01/04/2017	Date of Injury:	10/12/2016
Decision Date:	01/27/2017	UR Denial Date:	11/30/2016
Priority:	Standard	Application Received:	12/17/2016

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: Texas

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 43 year old female, who sustained an industrial injury on 10-12-16. The documentation on 11-21-16 noted that the injured worker has complaints of low back pain left greater than right. Spine examination revealed guarding and pain and tenderness to palpation over the left lumbar area diffusely and bilateral traps. A review of the medical records shows the injured worker has had diagnoses of low back pain and lumbar muscle strain, subsequent. Treatment to date has included chiropractic care; acupuncture and medications. The original utilization review (11-30-16) non-certified the request for acupuncture therapy sessions lumbar spine #6 and magnetic resonance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy sessions lumbar spine #6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Acupuncture.

Decision rationale: The injured worker sustained a work related injury on 10-12-16. The medical records provided reveal the diagnosis of low back pain and lumbar muscle strain, subsequent. Treatment to date has included chiropractic care; acupuncture and medications. Treatments have included chiropractic care; acupuncture and medications. The MTUS Guidelines states that 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 as defined in Section 9792.20(e). 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) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. The Official Disability Guidelines limits acupuncture to 8-12 visits over 4-6 weeks. The medical records reveal a reduction in work restrictions after 4/6 acupuncture treatment. Guidelines have been met; therefore, acupuncture therapy sessions lumbar spine #6 is medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - MRIs.

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

Decision rationale: The injured worker sustained a work related injury on 10-12-16. The medical records provided reveal the diagnosis of low back pain and lumbar muscle strain, subsequent. Treatment to date has included chiropractic care; acupuncture and medications. Treatments have included chiropractic care; acupuncture and medications. The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The medical records reveal unremarkable lower extremity neurological examination, there was no evidence of positive electrodiagnostic findings. Guidelines have not been met; besides, the medical records reveal there was a prior Lumbar MRI in 03/2016. The request for MRI of the lumbar spine is not medically necessary.