

<b>Case Number:</b>	CM13-0001144		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2013

### 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 Occupational 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:

The patient is a 46 year old male was injured on 09/04/2012. The patient was assigned to run an electrical line extending about 40 feet under a pipe that was located on the surface of the land. He states that he had to attached the length with tape and the assignment took him like an hour to complete during which he had stoop and squat which caused the onset of pain in his low back. Prior treatment history has included one session of extracorporeal shockwave in the lumbar spine dated 01/21/2013. The patient had received 6 sessions of physical therapy sometime in 2012. Diagnostic studies reviewed include electrodiagnostic study dated 07/08/2013 reveals a normal study, normal EMG/NCS of the bilateral lower extremities. Clinical correlation is recommended. MRI of the spine dated 12/13/2013 demonstrates L5-S1 disc height is preserved. There is no significant disc disassociation seen. There is an approximately 3 mm left far posterolateral intraforaminal broad-based protrusion with prominent annular tear/hypertensity zone resulting in moderate left inferior of neural foraminal stenosis. There is no central stenosis. The right neural foramen is normal and facets joints are unremarkable. Urine drug screen dated 12/03/2012 reveals the results are consistent with the prescribed medication Tramadol. Additional consultation included comprehensive pain management dated 01/10/2013 indicates the patient complains of constant low back pain with pain radiating into bilateral lower extremities. The pain is accompanied with numbness and tingling, muscle weakness and muscle spasm in his bilateral lower extremities. He states that his pain is increased with acupuncture. He rates his pain at 4/10, 1 on a good day and up to 6 on a bad day. The patient states that he has had this pain since four months ago. The patient's pain limits his work, home activities, social activities, recreational activities, outdoor activities, sleep and appetite. On examination of lumbar spine, reveals normal lordosis. Moderate tenderness is elicited over spinous processes, both sacroiliac joints, gluteal and bilateral paravertebral region. There is no muscle spasm. Pelvic tilt test is

positive. Patrick's test is positive. Range of motion of the lumbar spine exhibits flexion to 37 bilaterally; lateral bending 17 bilaterally; rotation 15 bilaterally. The patient is diagnosed with musculoligamentous sprain/strain of the lumbar spine; DDD; lumbar radiculopathy. No MRI reports on chart and re-evaluate after MRI reports are obtained.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PAIN MANAGEMENT CONSULTATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, pages 503-505.

**Decision rationale:** According to the CA MTUS guidelines, consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The medical records document the patient was diagnosed with ligamentous sprain/strain of the lumbar spine, degenerative disc disease, and lumbar radiculopathy. The patient had received pain management consultation dated 01/10/2013 and the recommendation was to be re-evaluated after MRI reports were obtained. The patient already had a MRI that was dated on 12/13/2012. Records provided do not discuss rationale for a repeat pain management consultation approximately 7 months later. Further, in this case the diagnosis is neither uncertain nor extremely complex. Medical necessity is not established.

#### **ACUPUNCTURE TWO TIMES PER WEEK FOR FOUR WEEKS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the CA MTUS guidelines, Acupuncture Medical Treatment is recommended 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. The medical records document the patient was diagnosed with musculoligamentous sprain/strain of the lumbar spine, degenerative disc disease, and lumbar radiculopathy. The patient apparently had at least 3 prior sessions of acupuncture without documentation of clinically significant improvement in function. Medical necessity is not established.

#### **NIOSH TESTING: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**Decision rationale:** According to the CA MTUS guidelines the initial assessment of patients presenting with stress-related complaints is recommended to screen for potentially serious psychiatric disorders, to assess the patient's physical and psychosocial situation, and to establish an effective treatment plan. The medical records document the patient was diagnosed with musculoligamentous sprain/strain of the lumbar spine, degenerative disc disease, and lumbar radiculopathy. The last progress report dated 06/27/2013 shows a work status for the patient is to return to modified work. In the absence of any documentation of impairment of mental function, overwhelming symptoms, or signs of substance abuse, the request is not medically necessary according to the guidelines.