

<b>Case Number:</b>	CM13-0004808		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/24/2007
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 57-year-old male with a 4/24/07 date of injury. At the time of request for authorization for acupuncture and a functional restoration program, there is documentation of subjective findings (constant low back pain radiating to his hips, dysesthesias in his right leg and numbness along the lateral aspect of his right thigh, posterior right calf, and right foot, left abdominal wound discomfort, difficulty sleeping because of pain and dysesthesias in his legs, depression, anxiety, and erectile dysfunction) and objective findings (gait is stiff, unable to squat down, difficulty ambulating on his toes and his heels, patchy areas of decreased sensation for pinprick and light touch throughout the patient's right lower extremity, mostly along the lateral aspect of his right calf, and his entire right foot). The current diagnoses include: burst fracture of L2 vertebral body with fragment extrusion into spinal canal, lumbosacral spinal canal stenosis, status post MRSA postsurgical infection lumbosacral spine, osteomyelitis lumbosacral spine, sprain and strain of lumbosacral spine, lumbar radiculopathy, status post L2 corpectomy with lumbar spinal stenosis L2 to L5, status post irrigation, debridement, and hardware removal via retroperitoneal approach, status post fusion T12 to L4, erectile dysfunction, depression and anxiety. The treatment to date include medication and aqua therapy. Regarding acupuncture, there is no documentation of pain medication is reduced or not tolerated and a specified frequency and duration. Regarding functional restoration program, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from

the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change.

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

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

**ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, the Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of three to six (3-6) treatments, frequency of one to three (1-3) times per week, and duration of one to two (1-2) months. Within the medical information available for review, there is documentation of diagnoses of burst fracture of L2 vertebral body with fragment extrusion into spinal canal, lumbosacral spinal canal stenosis, status post MRSA postsurgical infection lumbosacral spine, osteomyelitis lumbosacral spine, sprain and strain of lumbosacral spine, lumbar radiculopathy, status post L2 corpectomy with lumbar spinal stenosis L2 to L5, status post irrigation, debridement, and hardware removal via retroperitoneal approach, status post fusion T12 to L4, erectile dysfunction, depression and anxiety. In addition. There is documentation of subjective findings (constant low back pain radiating to his hips, dysesthesias in his right leg and numbness along the lateral aspect of his right thigh, posterior right calf, and right foot, left abdominal wound discomfort, difficulty sleeping because of pain and dysesthesias in his legs, depression, anxiety, and erectile dysfunction) and objective findings (gait is stiff, unable to squat down, difficulty ambulating on his toes and his heels, patchy areas of decreased sensation for pinprick and light touch throughout the patient's right lower extremity, mostly along the lateral aspect of his right calf, and his entire right foot). However, there is no documentation that pain medication is reduced or not tolerated. In addition, there is no documentation of a specified frequency and duration. Therefore, based on guidelines and a review of the evidence, the request for acupuncture is not medically necessary.

**FUNCTIONAL RESTORATION PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS), Page(s):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs Page(s): 30-32.

**Decision rationale:** The Chronic Pain Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. Within the medical information available for review, there is documentation of diagnoses of burst fracture of L2 vertebral body with fragment extrusion into spinal canal, lumbosacral spinal canal stenosis, status post MRSA postsurgical infection lumbosacral spine, osteomyelitis lumbosacral spine, sprain and strain of lumbosacral spine, lumbar radiculopathy, status post L2 corpectomy with lumbar spinal stenosis L2 to L5, status post irrigation, debridement, and hardware removal via retroperitoneal approach, status post fusion T12 to L4, erectile dysfunction, depression and anxiety. In addition, there is documentation of subjective findings (constant low back pain radiating to his hips, dysesthesias in his right leg and numbness along the lateral aspect of his right thigh, posterior right calf, and right foot, left abdominal wound discomfort, difficulty sleeping because of pain and dysesthesias in his legs, depression, anxiety, and erectile dysfunction), and objective finding (gait is stiff, unable to squat down, difficulty ambulating on his toes and his heels, patchy areas of decreased sensation for pinprick and light touch throughout the patient's right lower extremity, mostly along the lateral aspect of his right calf, and his entire right foot). However, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for functional restoration program is not medically necessary.