

<b>Case Number:</b>	CM13-0014483		
<b>Date Assigned:</b>	10/03/2013	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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 41 year old female with a date of injury of 1/25/2011. Under review is a prospective request for 1 MRI of the lumbar spine and 4 visits for acupuncture/6 weeks. Significant subjective findings per the progress report dated 7/31/2013 included a recent flare up of lumbar spine pain which medication helped. The patient reports acupuncture decreases pain and the use of pain medication. Significant objective findings included no lumbar bony deformities or no antalgia. Lower extremity reflexes were normal with no neurovascular deficits noted. There was decreased sensation along L4-L5 vertebrae.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the lumber spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

**Decision rationale:** ACOEM Guidelines indicate 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. The patient's exam did not point to a specific nerve root and she is diagnosed with intermittent radiculitis, so imaging is not indicated.

**4 Acupuncture visits/6 weeks:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: The Acupuncture Medical Treatment Guidelines indicate acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e) of the MTUS. Reports submitted 6/30/13 and then 9/20/13 did not demonstrate functional improvement or significantly improved examination. It did document pain relief only. It is unclear if it reduced the use of pain medications. No clear indication to continue acupuncture at this time.