

<b>Case Number:</b>	CM13-0019097		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in New York and Texas. 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 51-year-old male with a reported date of injury on 01/14/2013. The patient presented with low back pain, left sacroiliac joint pain, Fabere's and Yeoman's testing led to increased pain complaints, limited lumbar range of motion, paravertebral muscle spasm, and slight muscle guarding and straight leg raise produced complaints of increased low back pain. The patient had diagnoses including degenerative disc disease of the lumbar spine, lumbar sprain/strain, sprain and strain of the sacroiliac ligament and lumbar disc displacement. The physician's treatment plan included requests for a pain management consultation and 6 sessions of acupuncture therapy

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The California MTUS guidelines note consideration should be made for a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is

usually required for the condition or if the patient's pain does not improve on opioids in 3 months. Within the provided documentation, it was noted the provider recommended a pain management consultation and consideration of a left sacroiliac joint injection; however, the prior courses of treatment including physical therapy were unclear within the provided documentation. The requesting physician did not include adequate documentation of signs, symptoms, limitations related to the sacroiliac joint. Therefore, the request for pain management consult is neither medically necessary nor appropriate.

**Six (6) sessions of acupuncture:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines recommend "acupuncture" is 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. Acupuncture can be used 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. The guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. Within the provided documentation, the requesting physician's rationale for the request was unclear. It was unclear if the patient would be utilizing acupuncture therapy in adjunct with a physical rehabilitation and/or surgical intervention in order to hasten functional recovery. Additionally, it was unclear in the provided documentation if the patient was unable to tolerate medications or medications were reduced. Therefore, the request for 6 sessions of acupuncture is neither medically necessary nor appropriate.