

<b>Case Number:</b>	CM13-0026685		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 55 year old man with a date of injury of 3/4/13. He was seen by his primary treating physician on 6/14/13/13. He continued to report back pain with radiation and numbness to his right lower extremity. His physical exam showed no spasm and lumbar flexion to 40 degrees, extension to 10 degrees and lateral bending and rotation to 20 and 30 degrees. He had pain in all planes of motion. He had a normal neurologic exam of the lower extremities. His diagnoses were complains of right forearm pain and lumbosacral strain. His main job was painting and he was working daily. He had pain reduction with acupuncture. At issue in this review is a lumbar MRI and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Concurrent 6 more acupuncture lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4, 8-9.

**Decision rationale:** 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. Time to produce functional improvement is 3 to 6 treatments. The records do not indicate that he is not able to return to productive activities as he is working as a painter or that he is participating in an ongoing exercise program to which the acupuncture would be an adjunct. In this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for 6 acupuncture treatments.

**Prospective MRI lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004), MRI, pg. 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21.

**Decision rationale:** MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. His physical exam has reduction in lumbar spine range of motion but the neurologic exam is normal. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically substantiated in the records.