

<b>Case Number:</b>	CM13-0043888		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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, has a subspecialty in Pain 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 injured worker is a 36-year-old female who reported an injury due to jumping up and then heavy lifting on 07/17/2012. On 08/23/2013, her diagnoses included lumbar spine/strain with radicular complaints and EMG evidence of denervative changes at L5-S1. She was being seen for an exacerbation of low back pain. Upon examination of the lumbar spine, there was tenderness to palpation at the paralumbar musculature bilaterally and decreased sensation to light touches on the right L5 distribution. The treatment plan included a request for acupuncture 2 times a week for 4 weeks and pain management consultation for possible lumbar epidural steroid injection. She was prescribed tramadol 50 mg and a Medrol Dosepak. On 09/18/2013, she reported that she had received acupuncture treatments, which had helped her low back pain by 40%, but only for 1 day. There was no documentation submitted after the date of 09/18/2013, so it is unknown how many acupuncture treatments she received or what benefits she may have received regarding decreased pain or increased functional abilities. A Request for Authorization dated 09/29/2013 was include in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 (8 units) lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The request for acupuncture 2 times 4 (8 units) lumbar is non-certified. The California MTUS Guidelines recommend that acupuncture is 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 recommended frequency of treatment is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The optimum duration of treatment is 1 to 3 months. The submitted documentation noted that this worker had already been receiving acupuncture treatments, but it was not clear how many acupuncture treatments she had received or what the net results were of those treatments. The guidelines state that there should be notation of functional improvement within 3 to 6 treatments. The requested 8 treatments exceeds the recommendations in the guidelines since there was no previous documentation of functional improvement. Therefore, this request for acupuncture 2 times 4 (8 units) lumbar is not medically necessary.

**Consult/referral, pain management consultation for lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The request for a consult/referral, pain management consultation for lumbar is non-certified. The California ACOEM Guidelines suggest that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. Since the documentation and the Request for Authorization are almost 1 year old, it is unclear what the present level of pain or functional abilities are in this injured worker. Since this request is not being made in a timely fashion, the clinical information failed to meet the evidence based guidelines for referrals. Therefore, this request for consult/referral, pain management consultation for lumbar is not medically necessary.