

<b>Case Number:</b>	CM13-0047635		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Orthopedic Surgery, 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:

This 48-year-old female was status post an injury on 9/23/12 with neck, lumbar and knee pain. This vocational injury occurred while lifting three boxes of corn weighing approximately 40 to 50 pounds from a pallet jack and twisting and stacking them onto a cart. The records reflect that previous cervical, lumbar, and knee MRIs have been performed. The records suggest radiographs dated 5/16/13 did not demonstrate any disc space narrowing or fractures. There is also a notation that an MRI has been requested of the bilateral shoulders, as well as electrodiagnostics, and referral to a spinal specialist for consideration of lumbar epidurals. The treatment has included medications, physical therapy, and knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for an MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation the Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** There is nothing within the clinical documentation to suggest physiologic evidence of tissue or neurologic dysfunction such that would warrant the requested imaging. An MRI of the thoracic spine cannot be supported based on the medical records. As such, the request is noncertified.

**The request for 12 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:** Acupuncture cannot be supported based upon the medical records due to the myriad musculoskeletal complaints. The request in this case was for 12 sessions of acupuncture. Guidelines allow for use of this treatment when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. An initial trial of 3-6 visits is recommended to document functional improvement. Afterward, if functional improvement is made, additional sessions may be recommended. The available records do not show that the patient has met the preliminary criteria for acupuncture. Additionally, the request exceeds the 3-6 visits allowed by guidelines to determine benefit. As such, the request is noncertified.

**The request for a referral to pain management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; and the Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**Decision rationale:** The California MTUS states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Given the timeframe since the injury, and the patient's persistent presentation of symptoms, a referral to pain management is reasonable, based upon the records reviewed. As such, the request is certified.