

<b>Case Number:</b>	CM13-0054540		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 30-year-old female who reported an injury on 06/18/2012. The mechanism of injury was not provided in the medical records. Her diagnoses include lumbar spine stenosis, lumbar radiculopathy, and degenerative disc disease of the cervical and thoracic spine. Previous treatments include acupuncture and medications. Per the clinical note dated 09/05/2013, the injured worker had complaints of ongoing neck, mid back and low back, and shoulder pain that she rated 8/10. She reported since her last visit, the pain had increased. She reported she had significant limitations with her activities, including sitting, standing, and walking. Medications include Norco, Norflex, and utilizing the Terocin patches, and she indicated that they helped with her pain and allowed her to increase her level of function. She also reported she had been attending acupuncture, and it allowed pain relief, and increased her level of function. On physical examination, the physician reported the patient had tenderness to palpation of the cervical, thoracic, and lumbar spine. She had diminished sensation of the left C5, C6, and C7 dermatomes. The physician reported her sensation in the lower extremities was intact. The physician reported the patient had an EMG/NCV of the bilateral upper and lower extremities on 08/12/2013. It revealed evidence of bilateral median neuropathy at the wrist, left more than the right. The physician's treatment plan included a request for MRI of the cervical, thoracic, and lumbar spine. He also recommended additional acupuncture at twice a week for four weeks, and for the patient to continue her medications. He reported the patient should follow up in 4 weeks for re-evaluation and further discussion of her pain issues. The current request is for MRI of the cervical spine (to be scheduled by [REDACTED]), MRI of thoracic spine (to be scheduled by [REDACTED]), MRI of lumbar spine (to be scheduled by [REDACTED]), 8 acupuncture sessions, and follow-up visit. The rationale for

the requests was not provided in the medical records. The Request for Authorization was provided on 09/03/2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI OF THE CERVICAL SPINE (TO BE SCHEDULED BY [REDACTED]**

**[REDACTED]**): Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 or 4 weeks period of conservative care and observations fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The clinical documentation provided indicated the injured worker had complaints of chronic pain in her neck, mid back, and low back. The treatment that she had been receiving was acupuncture and she indicated it had helped relieve her symptoms along with her medications. The clinical documentation indicated she had neurological deficits including decreased sensation in the cervical spine. However, it was unclear in the documentation that she had failed conservative treatment since she was still receiving acupuncture. As such, the request for MRI of the cervical spine (to be scheduled by **[REDACTED]**) is not medically necessary and appropriate.

#### **MRI OF THORACIC SPINE (TO BE SCHEDULED BY [REDACTED]**

**[REDACTED]**): Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-178.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines for MRIs state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 or 4 weeks period of conservative care and observations fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The clinical documentation provided indicated the injured worker had complaints of chronic pain in her neck, mid back, and low back. The treatment that she had been receiving was acupuncture and she indicated it had helped relieve her symptoms along with her medications. The clinical documentation indicated she had neurological deficits including decreased sensation in the cervical spine. However, it was unclear in the documentation that she had failed conservative treatment since she was still receiving acupuncture and there was a lack of neurological deficits documented related to the

thoracic spine. As such, the request for MRI of thoracic spine (to be scheduled by [REDACTED]) is not medically necessary and appropriate.

**MRI OF LUMBAR SPINE (TO BE SCHEDULED BY [REDACTED]):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Guidelines state imaging is not recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. 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. An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for 1 month or more to further evaluate the possibility of potentially serious pathology, such as a tumor. The clinical documentation provided indicated the injured worker had complaints of chronic pain in her low back and the acupuncture treatments she had been receiving along with her medications had helped to relieve her symptoms. The clinical documentation failed to indicate she had neurological deficits in her lower extremities to support the request. It was also, unclear in the documentation that she had failed conservative treatment since she was still receiving acupuncture.. As such, the request for MRI of lumbar spine (to be scheduled by [REDACTED]) is not medically necessary and appropriate.

**8 ACUPUNCTURE SESSIONS:** Upheld

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

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

**Decision rationale:** The California Acupuncture Medical Treatment Guidelines state that 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 clinical documentation provided indicated the patient had previous sessions of acupuncture. However, there was no documentation to indicate if the patient had objective functional improvement. The guidelines also state that acupuncture should be used along with a physical rehabilitation program to help with functional improvement. The clinical information failed to indicate if the injured worker was participating in physical rehabilitation program to meet guideline criteria. As such, the request for 8 acupuncture sessions is not medically necessary and appropriate.

**FOLLOW-UP VISIT:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits.

**Decision rationale:** The Official Disability Guidelines state office visits are determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The guidelines would support an office visit for the injured worker; however, the rationale for the office visit was to review results from the MRIs that were being requested. As the requests for the MRIs of the lumbar spine, cervical spine, and thoracic spine were not proven to be medically necessary at this time, the request would not be supported. As such, the request for followup visit is not medically necessary and appropriate.