

<b>Case Number:</b>	CM13-0071020		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 patient is a 57-year-old male who was injured on March 17, 2009 while pulling a large load on a loader cart. Prior treatment history has included L3-S1 TLIF on June 11, 2009. He underwent repeat irrigation and debridement surgery for a hematoma on June 17, 2009. Diagnostic studies reviewed include x-ray of the lumbar spine dated November 11, 2013 revealing: 1) Interval progression of degenerative changes at L2-3 compared to 07/09/2013. 2) Stable post surgical changes from L3-4 through L5-S1. PR-2 dated November 11, 2013 documented the patient continues to have worsening low back pain and left leg radiculopathy and pain. He currently rates the pain as moderate and a 3/10, but usually goes up to a 9/10 with increased activities and flare-up. The patient takes Norco for pain relief. Objective findings on exam reveal there is tenderness to palpation. He has spasm of the paraspinal muscles at the L4-5 level. He has an antalgic gait. He is able to flex to 90 degrees and extend to 0 degrees. Strength of bilateral upper and lower extremities demonstrate 5/5 strength. DTRS are 2+ bilaterally in the knees and ankles. Bilateral negative Hoffman's, straight leg raise and no clonus. Downgoing toes Babinski bilaterally. Diagnosis: Lumbar spinal stenosis, lumbar herniated nucleus pulposus, surgically corrected. Treatment Plan: Treating Physician ordered twelve sessions of acupuncture for his increasing pain. Treating Physician also prescribed lumbar spine physical therapy twelve sessions to re-educate him on a home exercise regimen. Treating Physician gave him a prescription for a Sleep Number Bed because his worst pain symptoms arise during the nighttime. Treating physician ordered a new lumbar spine MRI to evaluate for any new discogenic compressive lesions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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:** The guidelines state "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. An initial three to six sessions may be recommended for these purposes. The medical records do not establish pain medication is reduced or not-tolerated. The patient reports 3/10 pain, and takes Norco for pain relief. The requested course of Acupuncture is not supported by the guidelines. The request for twelve sessions of acupuncture is not medically necessary or appropriate.

**SLEEP NUMBER BED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bed Rest Section, and the Pain Chapter, Durable Medical Equipment(DME) Section./

**Decision rationale:** The guidelines advise that bed rest has potential debilitating effects, most patients do not require bed rest. Bed rest may lead to a slower recovery, however staying active and attempting to maintain activity levels is recommended. According to the guidelines, studies advise against the use of bed-rest in the management of LBP (low back pain), since there is a relationship between the occurrences of LBP after bed-rest. In addition, the Official Disability Guidelines state that regarding mattress selection, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Finally, a sleep number bed is not medical in nature. According to the Official Disability Guidelines, DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME), which is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home. This item does not meet the criteria to be classified a durable medical equipment. The request for a sleep number bed is not medically necessary or appropriate.

**MRI OF THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI Section.

**Decision rationale:** The patient is status post L3-S1 TLIF on June 11, 2009. According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and who surgery is considered an option. The PR-2 dated November 11, 2013 examination revealed 5/5 strength of bilateral upper and lower extremities, DTRS are 2+ bilaterally in the knees and ankles, and does not document any sensory deficits. The medical records do not establish neurological deficits, or that the patient is a potential surgical candidate. The Official Disability Guidelines repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). Review the medical records does not reveal any significant change in the patient's symptoms or findings to suggest significant pathology is present. The request for an MRI of the lumbar spine is not medically necessary or appropriate.