

<b>Case Number:</b>	CM13-0071668		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/08/2004
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Orthopedic surgery and is licensed to practice in Pennsylvania. 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:

This claimant is a 51-year-old gentleman who was injured in a work-related accident on November 8, 2004. The records indicate injury to the low back. Recent clinical assessments for review include an August 3, 2013 clinical assessment indicating ongoing low back and radicular pain with examination demonstrating restricted range of motion, positive straight leg raising, and no documentation of other forms of neurologic findings documented. The plan at that time was for a "pain pump." There was no indication of other recent documentation for care noted. A follow-up report of November 11, 2013 indicated continued complaints of pain with examination unchanged with positive straight leg raising and restricted range of motion. A pain pump, medication management, physical therapy, and additional sessions of acupuncture were recommended at that time for further care. The claimant is noted to be status post a prior L4-5 and L5-S1 fusion in 2011 with subsequent hardware removal. He continues to be with chronic complaints of pain and discomfort. Postoperative imaging, however, is unfortunately unavailable for review. There is documentation of conservative measures that have included acupuncture, medication management, physical therapy, prior surgical processes, and activity restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 times a week for 6 weeks:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: Based on MTUS guidelines, the continued role of acupuncture for six additional sessions in this case would not be indicated. CA MTUS states, "Acupuncture treatments may be extended if functional improvement is documented." The claimant's current clinical presentation does not indicate specific benefit with prior acupuncture treatment in this individual that continues to be with chronic complaints of pain, for which other forms of more aggressive treatment including a pain pump are being recommended. Given the documentation of acupuncture in the past with continued complaints of discomfort, the continued role of this modality would not be indicated.

**Pain Pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52.

**Decision rationale:** The Expert Reviewer's decision rationale: Based on MTUS guidelines, an implantable drug delivery system would not be indicated. These are indicated for an end-stage treatment alternative for selective patients that meet specific criteria including failure to respond to six plus months of documented care in the postsurgical setting that have received psychological clearance from a pre-placement psychological evaluation and for whom further surgical intervention is not likely or indicated. The clinical records in this case do not indicate an intrathecal trial nor does it indicate a psychological evaluation has been performed. The absence of the above would at present fail to necessitate the role of a "pain pump" in this individual.