

Case Number:	CM13-0071761		
Date Assigned:	01/08/2014	Date of Injury:	01/05/2000
Decision Date:	04/22/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational 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 patient is a 54-year-old female who was injured on 01/05/2000. The patient sustained an injury to her low back while moving boxes. Prior treatment history has included completion of 6 out of 6 electro-acupuncture, myofascial release, infrared treatment, and the following medications: 1. Lisinopril 40 mg tablet 1 po prn. 2. MS Contin 60 mg tablet 1 po bid. 3. Norco 10-325 mg 2 tablets qd. 4. Wellbutrin 100 mg tablet 1 po prn. 5. Xanax 1 mg tablet I po prn. Progress report (PR-2) dated 10/03/2012 documented the patient with complaints of dull intermittent pain in her lower back in the area of L3-L5 with pain and numbness referring to her right legs and toes. Her pain is rated 5/10 visual analog scale (VAS) and is present 100% of the time. She is severely limited in standing, sitting, running and computer work and somewhat limited in lifting, bending, walking, climbing stairs, resting, intercourse, recreational activities and household chores. Progress Note dated 04/25/2013 documented the patient with complaints of persistent low back pain which is her chief complaint. She uses acupuncture which lasts 3-4 weeks some times. Sometimes one treatment lasts two weeks. Objective findings on exam included examination of the lumbar spine showing a normal gait. Sensation is intact to light touch and pinprick bilaterally to the lower extremities. Straight leg raise is negative. Spasm and guarding is noted. Motor strength is 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallicus longus. Progress note dated 08/15/2013 documented the patient has persistent pain and sometimes she has buttock pain and right leg pain. She has pain reduction for 3-4 days going from 6-7/10 on the VAS pain scale to about 3-4/10 for about 2-3 days and overall her activities of daily living are improved after acupuncture sessions. She uses no medications for her Worker's Comp injury. The diagnosis is lumbar disc placement without myelopathy. Progress note dated 11/08/2013 documented the patient with complaints of low back pain in an axial distribution, pain radiating down to her

buttocks on the right side, down the back of her right leg. She has some intermittent numbness and tingling in her leg. She has no foot pain and no numbness and tingling in her foot. Her pain does radiate into her calf. The diagnosis is lumbar disc displacement without myelopathy. Progress note dated 12/13/2013 documented the patient to have complaints of lower extremity leg pain and persistent low back pain. She uses 5 Norco a day for pain and the Neurontin typically only using 300 mg at night. Objective findings on exam included lumbar spine exam: sensation is intact to light touch and pinprick bilaterally to the lower extremities. Straight leg raise is negative. Spasm and guarding is noted. Motor strength is 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallucis longus. The diagnosis is lumbar disc displacement without myelopathy. Objective findings on exam noted pain upon palpation at all areas mentioned above. The diagnosis is lumbar displacement without myelopathy, psychogenic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS, acupuncture for low back pain is recommended 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. The medical records document the patient had axial low back pain, worsen by standing, walking, bending or lifting for long period of time, reduced by spending less time engaging in previously mentioned provoking activities, acupuncture was beneficial in the past, in progress report dated on Oct/3/2012, 6 complete sessions of electro- acupuncture was reported. On 12/13/2013, it was noted that she uses Norco and Neurontin which is working well. On physical exam, the sensation was intact, straight leg raise test was negative, spasm and guarding was noted, and the lumbar spine motor strength was 5/5. In the absence of documented functional improvement since the last treatment, the request for additional acupuncture treatment is not medically necessary according to the guidelines.