

<b>Case Number:</b>	CM14-0001153		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 46-year-old female who reported an injury on 03/31/2006, secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/17/2013 for reports of increase in low back pain and weakness of the legs. The exam noted the injured worker reported 4/10 head pain due to stress and depression. The exam further noted the injured worker reported 3/10 shoulder pain bilaterally, with a positive impingement and Apley's test. The neck exam noted that the injured worker reported 4/10 to 5/10 pains, radiating to the right upper extremity to the elbow. The injured worker reported constant pain in her upper back. The lower back exam noted reports of constant pain rated at 6/10 to 7/10, radiating down the posterior aspect of the legs to the knees bilaterally. The physical exam noted an antalgic gait, tenderness over the shoulders bilaterally, with supraspinatus resistance test, Speed's test, impingement maneuver, and Yergason's sign revealing pain bilaterally. There was moderate paraspinal tenderness to the cervical spine with pain noted with the foraminal compression and shoulder depressor tests. The lumbar spine exam noted pain bilaterally on the Yeoman's test and iliac compression. Diagnoses include headache, cervical sprain, thoracic sprain, lumbar sprain, myalgia and myositis, lumbar disc herniations, lumbar radiculopathy, shoulder sprain, disorders of the bursa and tendons in the shoulder, muscle spasms, anxiety, sleep disorder, and lumbosacral plexus lesions. The treatment plan included authorization for acupuncture with electrical stimulation, pain management consultation, orthopedic consultation, and electrical studies. The Request for Authorization dated 11/19/2013 was found in the documentation provided. The rationale for the requests was not found in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 ACUPUNCTURE VISITS WITH ELECTRICAL STIMULATION, MANUAL STIMULATION AND LUMBAR STABILIZATION EXERCISES:** Upheld

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

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

**Decision rationale:** The request for 3 acupuncture visits with electrical stimulation, manual stimulation, and lumbar stabilization exercises is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated, and 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 effects of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is indicated to treat chronic pain conditions, radiating along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The time to produce functional improvement is 3 to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented. Although the injured worker does have reports of pain to the low back, shoulders, neck, upper back, and indicates radiating pain down both legs and arms, there is a significant lack of clinical evidence of functional deficits in the documentation provided. Furthermore, there is indication that the injured worker has received acupuncture therapy prior to this request. The number of visits completed previously was not found in the documentation provided. Furthermore, there is a lack of indication of the efficacy of the prior treatments to warrant the need for further acupuncture treatment. Therefore, based on the documentation provided, the request is not medically necessary.

**1 SINGLE POSTIONAL MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper 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 request for 1 single positional MRI of the cervical spine is not medically necessary. The Chronic Pain Medical Treatment Guidelines state special studies are not needed unless a 3 or 4 week of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are an emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There is a significant lack of clinical evidence of emergence of a red flag or objective findings of tissue insult or neurologic dysfunction. There is also a significant lack of evidence of the failure of

conservative therapies. Therefore, based on the documentation provided, the request is not medically necessary.

**1 SINGLE POSTERIOR MRI OF THE LUMBAR SPINE:** Upheld

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

**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, MRIs (magnetic resonance imaging).

**Decision rationale:** The request for 1 single positional MRI of the lumbar spine is not medically necessary. The Chronic Pain Medical Treatment Guidelines state 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Official Disability Guidelines further state repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is evidence of a prior MRI on 04/30/2012. The documentation provided shows no evidence of changes since the prior MRI or objective findings to indicate nerve compromise or emergence of a red flag. There was also a lack of documentation indicating the injured worker's response to conservative therapies. Therefore, based on the documentation provided, the request is not medically necessary.