

<b>Case Number:</b>	CM14-0104895		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 47 year old male who had a work related injury on 07/20/12. He was working in his usual job, he was pulling grass and weeds off a sidewalk, he slipped and fell backwards and landed on his buttocks. He had immediate pain in his low back, right leg, and left shoulder. MRI on 10/26/12 shows bulges at L4 to L5 and L5 to S1, there is an L4 nerve root combined with facet and ligamentous hypertrophy with spinal canal narrowing. He has been treated with medications, physical therapy. The injured worker did undergo a left shoulder surgery on 12/10/12, he had postoperative physical therapy, medications, aqua therapy, electromyography and nerve conduction velocity (EMG/NCV) of his lower extremities. Prior utilization review on 05/12/14 certified acupuncture two times a week for four weeks for his low back, and stated that no additional acupuncture will be recommended without documentation of objective functional improvement without reaching a plateau. Electromyography (EMG) dated 04/08/14 bilateral lower extremities normal EMG of the lower extremities. The most recent medical record submitted for review is dated 05/02/14. The injured worker presented today for follow up evaluation regarding a work related injury. His low back pain is rated with an average intensity of 6/10 on the pain scale. The pain presents with a stabbing quality. Pattern of pain is reported to be continuous. The injured worker reports that pain radiates down his left leg. Exacerbating factors include sitting, walking, bending, repetitive movements, activities of daily living, alleviating factors include medication. The injured worker states that overall there has not been any improvement in his condition since his last visit. The left shoulder rated with an average intensity of 2/10 on the pain scale. The pain presents with a stabbing quality. The pattern of pain is reported to be seldom. Physical examination the injured worker is overweight in appearance, gait is nonantalgic, balance is intact, alert and oriented times three. He has no suicidal or homicidal ideation, cognition is intact, left shoulder examination tender to palpation,

no bony abnormalities, symmetric glenohumeral movement of the bilateral shoulders, forward flexion is 180 degrees, extension is 50 degrees, internal rotation is 80 degrees, external rotation is 90 degrees, abduction is 180 degrees with end point pain, adduction is 50 degrees, thoracolumbar spine examination tender to palpation over the paralumbar muscles, flexion is 60 degrees, extension is 20 degrees, sitting straight leg raise is positive on the left, negative on the right, supine straight leg raise is positive on the left, negative on the right, difficulty with heel walking and toe walking on the left side, lower extremity reflexes are 2/4 bilaterally, sensation is intact at L1 through L4 dermatomes bilaterally, hypoalgesia at L5 and S1 on the left, strength in the L4, L5, and S1 dermatomes on the left is rated 4/5. Prior utilization review on 06/12/14 was noncertified. The current request is for acupuncture two times a week for six weeks, MRI of the lumbar spine, home therapy kit quantity one, and MRI arthrogram of the left shoulder.

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

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

**Acupuncture 2x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

**Decision rationale:** The request for Acupuncture two times a week for six weeks is not medically necessary. The clinical documentation submitted for review does not support the request. Prior utilization review on 05/12/14 certified acupuncture two times a week for four weeks for his low back, and stated that no additional acupuncture will be recommended without documentation of objective functional improvement without reaching a plateau. There has been no documentation of functional improvement, as such medical necessity has not been established.

**MRI lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), on line treatment guidelines MRI

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

**Decision rationale:** The request for lumbar MRI is medically necessary. The clinical documentation submitted for review does support the request. Thoracolumbar spine examination tender to palpation over the paralumbar muscles, flexion is 60 degrees, extension is 20 degrees, sitting straight leg raise is positive on the left, negative on the right, supine straight leg raise is positive on the left, negative on the right, difficulty with heel walking and toe walking on the left side, lower extremity reflexes are 2/4 bilaterally, sensation is intact at L1 through L4 dermatomes

bilaterally, hypoalgesia at L5 and S1 on the left, strength in the L4, L5, and S1 dermatomes on the left is rated 4/5. As such, medical necessity has been established.

**Home Therapy Kit x1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Home exercise kits

**Decision rationale:** The request for home therapy kit quantity one, is not medically necessary. The clinical documentation submitted for review does not support the request, left shoulder examination tender to palpation, no bony abnormalities, symmetric glenohumeral movement of the bilateral shoulders, forward flexion is 180 degrees, extension is 50 degrees, internal rotation is 80 degrees, external rotation is 90 degrees, abduction is 180 degrees with end point pain, adduction is 50 degrees. Based on the current physical examination, medical necessity has not been established.

**MR Arthrogram left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Arthrography, MR Arthrography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Arthrography

**Decision rationale:** The request for MR Arthrogram is not medically necessary, the clinical information submitted does not support the request. Left shoulder examination tender to palpation, no bony abnormalities, symmetric glenohumeral movement of the bilateral shoulders, forward flexion is 180 degrees, extension is 50 degrees, internal rotation is 80 degrees, external rotation is 90 degrees, abduction is 180 degrees with end point pain, and adduction is 50 degrees. Based on the current physical examination, medical necessity has not been established.