

<b>Case Number:</b>	CM14-0165458		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Management 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:

According to the records made available for review, this is a 58-year-old female with a 2/16/11 date of injury. At the time (5/20/14) of request for authorization for MRI lumbar spine, X-ray lumbar spine, EMG/NCV bilateral lower extremities, Lumbar brace, and Acupuncture 2 x 4 lumbar, there is documentation of subjective (lumbar spine pain radiating to bilateral lower extremities) and objective (decreased lumbar range of motion with spasm, positive bilateral straight leg raising test, positive Ely's test, and positive right Lasague's test) findings, current diagnoses (disc herniation without myelopathy, lumbar myalgia, lumbar myospasm, lumbar neuritis/radiculitis, and lumbar sprain/strain), and treatment to date (medications, physical therapy, and chiropractic therapy). Regarding MRI of the lumbar spine, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and patient considered for surgery. Regarding x-ray of the lumbar spine, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which lumbar x-rays are indicated [lumbar spine trauma (pain, tenderness, neurological deficit, seat belt (chance) fracture); uncomplicated low back pain (trauma, steroids, osteoporosis, over 70; suspicion of cancer, infection); myelopathy (traumatic, infectious disease patient, and/or oncology patient)]. Regarding EMG/NCV of bilateral lower extremities, there is no documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. Regarding lumbar brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Regarding acupuncture, there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion,

decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.

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

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

### **MRI lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of disc herniation without myelopathy, lumbar myalgia, lumbar myospasm, lumbar neuritis/radiculitis, and lumbar sprain/strain. In addition, there is documentation of failure of conservative treatment (medications, physical therapy, and chiropractic therapy). However, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and patient considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar spine is not medically necessary.

### **X-ray lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Radiography (x-rays)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of lumbar spine x-rays. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which lumbar x-rays are indicated [such as: lumbar spine trauma (pain, tenderness, neurological deficit, seat belt (chance) fracture); uncomplicated low back pain (trauma, steroids, osteoporosis, over 70; suspicion of cancer, infection); myelopathy (traumatic, infectious disease patient, and/or oncology patient)] to support the medical necessity of lumbar x-rays. Within the medical information available for review, there is documentation of diagnoses of disc herniation

without myelopathy, lumbar myalgia, lumbar myospasm, lumbar neuritis/radiculitis, and lumbar sprain/strain. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which lumbar x-rays are indicated [lumbar spine trauma (pain, tenderness, neurological deficit, seat belt (chance) fracture); uncomplicated low back pain (trauma, steroids, osteoporosis, over 70; suspicion of cancer, infection); myelopathy (traumatic, infectious disease patient, and/or oncology patient)]. Therefore, based on guidelines and a review of the evidence, the request for X-ray lumbar spine is not medically necessary.

**EMG/NCV bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of disc herniation without myelopathy, lumbar myalgia, lumbar myospasm, lumbar neuritis/radiculitis, and lumbar sprain/strain. In addition, there is documentation of 1-month of conservative treatment. However, there is no documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. In addition, given documentation of an associated request for MRI lumbar spine, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV bilateral lower extremities is not medically necessary.

**Lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support; and Back Brace, post operative (fusion)

**Decision rationale:** MTUS reference to ACOEM identifies that lumbar supports have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies

documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. ODG also notes that post operative back brace is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. Within the medical information available for review, there is documentation of diagnoses of disc herniation without myelopathy, lumbar myalgia, lumbar myospasm, lumbar neuritis/radiculitis, and lumbar sprain/strain. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Lumbar brace is not medically necessary.

**Acupuncture 2 x 4 lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of disc herniation without myelopathy, lumbar myalgia, lumbar myospasm, lumbar neuritis/radiculitis, and lumbar sprain/strain. However, there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, the requested Acupuncture 2 x 4 lumbar treatment exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 2 x 4 lumbar is not medically necessary.