

<b>Case Number:</b>	CM14-0170556		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 licensed in Acupuncture 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:

This patient is a 50 year old male who has developed persistent low back pain subsequent to an injury dated 8/1/14. Over time he is reported to have increasing pain associated with complaints of bilateral radiation into his feet. The treating physician has documented some sensory deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Rays Of The Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines supports the judicious use of imaging if there are "red flag" symptoms and/or if they may be necessary for surgical or procedural planning. The patients reporting of leg radiation and worsening neurological deficits support the requested imaging. X-rays are medically appropriate under these circumstances.

**MRI Scan Of The Lumbar Spine Without Contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC -MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 303.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines supports the judicious use of imaging if there are "red flag" symptoms and/or if they may be necessary for surgical or procedural planning. The patients reporting of leg radiation and worsening neurological deficits support the requested imaging. A lumbar MRI is medically appropriate under these circumstances.

**Anaprox 550mg 1 Tab Twice A Day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- NSAIDS

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines supports the use of NSAID's for subacute low back pain. Trial of a prescription strength is medically appropriate at this point in time. The Anaprox 550mg BID is medically appropriate.

**Acupuncture Therapy 2 X A Week For 3 Weeks:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines support a trial of acupuncture if pain medications are ineffective and/or as an adjunct to physical rehabilitation. At this point in time the treating physician is requesting testing to evaluate for a possible surgical condition. Pending the approved testing results the use of acupuncture would not contribute to rehabilitation and it is not clear that adequate medication trials have been completed. A trial of acupuncture may be reasonable at some point in the future, with the test results pending, acupuncture is not medically necessary.