

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0185974 |                              |            |
| <b>Date Assigned:</b> | 11/13/2014   | <b>Date of Injury:</b>       | 09/07/2011 |
| <b>Decision Date:</b> | 12/22/2014   | <b>UR Denial Date:</b>       | 10/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/07/2014 |

### 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 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:

Injured worker is a man with date of injury 9/7/2011. Per workers' compensation primary treating physician's re-evaluation report dated 10/21/2014, the injured worker complains of the same lower back pains and again doesn't want to work. He still has intermittent right leg radiculopathy symptoms. He has constant symptoms, but they worsen with lying flat, sitting and driving. He is status post failed three lumbar spine epidural injections. He has seen a spine surgery and surgery was approved many months ago. The injured worker wants surgery. On examination he has palpable tenderness at left lumbar, lumbar right sacroiliac, right lumbar, left sacroiliac, sacral, right buttock, right posterior leg, right posterior thigh and calf. There is tenderness at paraspinal muscles with spasm. Lumbar range of motion is normal in all planes. Diagnoses include 1) lumbar intervertebral disc disorder with myelopathy 2) status post failed epidural x3 3) lumbar disc bulge with right leg radiculopathy, stable and improving slowly with physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 3:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The injured worker has been injured for over three years. He has had physical therapy and other treatments, but acupuncture is not addressed. The requesting physician does not provide any information regarding the injured worker's prior experience with acupuncture or desire for acupuncture treatments. Medical necessity of this request has not been established. The request for Acupuncture 2 x 3 is determined to not be medically necessary.

**Referral to spine surgeon, [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The injured worker reportedly had a request for surgery approved previously, but had been waiting to decide if he wanted surgery. He is reported to want surgery now. It is not clear if he his condition has changed or not, or if he is still a candidate for surgery. Referral back to the surgeon is appropriate however, so that this can be evaluated and the surgeon can discuss surgery with the injured worker. The request for Referral to spine surgeon, [REDACTED] is determined to be medically necessary.