

<b>Case Number:</b>	CM14-0022129		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/22/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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, has 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 female with date of injury 9/22/2013. The primary treating physician's progress report dated 1/21/2014 states that the injured worker had had four sessions of acupuncture which have helped well than physical therapy. She still has two more sessions remaining. The Voltaren gel helps a little bit more than a little bit on a scale of 0-10 it is helping 6-7. She states she uses the Flexeril that helps with the knots. Today she has left low back pain radiating to the left foot that is described as shooting electricity graded 9/10 and then she gets numbness in all the toes. The pain lasts for a good four hours, then it will go away for a couple of hours and then come. The numbness lasts a couple of hours. She states the back pain radiating to the left leg worsened about a week after she last saw me. She has left suprascapular, scapular, and pectoral region. The pain is described as a burning tight knot, graded 9/10, radiating to the left hand and her left pinky and ring finger go numb. The pinky and ring fingers have been continually numb since the injury. She states I still get dizzy when I stand up. She states I am stressed because of the injury. She states she is not getting her checks from work comp on time and she has accommodation issues. She did not want the nurse case manager to come in during the visit. On examination, her blood pressure is 143/104, pulse 93, temperature 98.2. She is alert oriented in time person and place and in no acute distress. Back reveals full range of motion, no tenderness, and no tenderness over SI joints, no tenderness over suprascapular or scapular muscles, and straight leg raise is negative bilaterally while sitting. Neck has full range of motion, no tenderness, Spurling's test negative, compression and distraction tests negative. Neck is supple with no stiffness. Lhermittes sign is negative. No swelling in neck is palpable. Arms have normal tone, power is 5/5 (deltoid, bicep, triceps, wrist extension, wrist flexion, finger abduction, finger adduction). DRTs are symmetrical. Sensation to light touch is normal except sensation in the whole of the left are is different from the right arm. Legs have normal tone, power is 5/5 (hip

flexors, hip adductors, knee extension, great toe extension, foot inversion, foot eversion, knee flexion, foot plantar flexion, foot dorsiflexion). DTRs are symmetrical. Sensation to light touch in the whole of the left leg is different from the right leg. No Clonus is present and plantars are down going. Hips have full range of motion and no tenderness. Diagnoses include 1) strain, thoracic spine 2) strain cervical 3) ulnar neuritis, bilateral 4) strain back, lumbosacral numbness and tingling of skin.

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

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

#### **MRI LUMBAR SACRAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303 304 309.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. It is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The clinical reports provided for review do not support the use of MRI within these guidelines. The request for MRI of lumbar sacral spine is not medically necessary.

#### **ACUPUNCTURE EXTENSION - 6 (TOTAL 10): 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 do recommend the use of acupuncture in the treatment of chronic pain. They recommend three to six treatments to produce functional improvements, at a frequency of one to three times per week. If functional improvement because of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. The clinical reports provided for review do not document functional improvement as a result of the acupuncture treatments. The request for acupuncture extension 6 (total 10) is medically necessary.