

<b>Case Number:</b>	CM14-0026989		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 56 year old female who sustained an injury to her low back on 10/15/09 while taking a poster off the wall and standing on a two-step stool. When the injured worker was coming down off the stool, one of the steps was missed, and the injured worker landed on the left foot and twisted the right knee/leg. It was reported that over the years, the injured worker has received innumerable treatments, saw innumerable doctors, and had a qualified medical examination as well as an agreed medical examination. Over the last year the injured worker has been using large quantities of narcotic medication to control pain. The injured worker complained of low back pain radiating down to the leg and foot. The injured worker also has been experiencing depression. Physical examination noted local tenderness in the right knee; decreased right knee range of motion; decreased lumbosacral range of motion and local tenderness in the back region; motor strength 5/5 in the bilateral lower extremities; decreased strength in the right knee; local tenderness in the knee and ankle, plantar foot region. Current diagnoses included right knee sprain/strain, lumbosacral sprain/strain and opioid narcotic dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL EVALUATION FUNCTIONAL RESTORATION PROGRAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The request for initial evaluation for functional restoration program is not medically necessary. The previous request was denied on the basis that the injured worker has persistent symptoms; however, there was limited documentation of trialed and failed conservative measures before considering the requested evaluation and program. The documentation provided did not provide information regarding the prior course of treatment rendered. After reviewing the submitted documentation, there was no additional significant objective information that would support reversing the previous adverse determination. Given this, the request for initial evaluation functional restoration program is not deemed as medically necessary.

**MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Treatment in Worker's Compensation, Low Back Procedure Summary, (last updated 12/27/2013), Indications for Magnetic Resonance Imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The request for MRI of the lumbar spine without contrast is not medically necessary. The previous request was denied on the basis that there was no clear evidence of neurological deficit in the lower extremities that would warrant the requested MRI. There is also limited documentation of trialed and failed treatments to address the symptoms before considering the proposed imaging study. There were no focal neurological deficits. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. Physical examination did not show findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant objective 'red flags' identified. Given this, the request for MRI of the lumbar spine is not medically necessary.

**ACUPUNCTURE TREATMENT WITH INFRARED AND MYOFASCIAL RELEASE, TWO TIMES PER WEEK FOR FOUR WEEKS QTY OF EIGHT:** Upheld

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

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

**Decision rationale:** The request for acupuncture treatment with infrared and myofascial release, 2 x 4 is not medically necessary. The previous request was partially certified for 6 visits on the basis that there was no indication that a prior trial of acupuncture had been performed. The California Medical Treatment Utilization Schedule state that acupuncture can 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. The physical therapy notes provided did not indicate the exact amount of acupuncture visits the injured worker had completed to date or the injured worker's response to previous acupuncture treatment. Given this, the request for acupuncture 2 x 4 is not indicated as medically necessary.