

<b>Case Number:</b>	CM14-0031271		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 and 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 54 year old male who reported an injury to his low back. The injured worker stated the initial injury occurred on 06/07/13 as a result of lifting and pushing a stack of metal tubes. The injured worker also reported feelings of anxiety and depression. The clinical note dated 11/04/13 indicates the injured worker showing a decrease in range of motion in the lumbar region. The injured worker was identified as having a positive Kemp's sign. The clinical note dated 12/20/13 indicates the injured worker continuing with complaints of low back pain. There is an indication the injured worker has previously undergone an MRI and x-rays of the lumbar region. The note indicates the injured worker having been utilizing Naproxen for ongoing pain relief. Radiation of pain was identified from the low back into both lower extremities. Electrodiagnostic studies completed in 08/2013 revealed bilateral S1 radiculopathy. Tenderness was identified throughout the lumbar region. The MRI of the lumbar spine dated 08/01/13 revealed multi-level disc bulges from L1-2 through L5-S1. Bilateral neuroforaminal narrowing was identified at L3-4 along with mild to moderate bilateral neuroforaminal narrowing at L4-5. The clinical note dated 01/15/14 indicates the injured worker complaining of low back pain. The clinical note dated 01/16/14 indicates the injured worker having previously undergone chiropractic manipulation as well as acupuncture. There is an indication the injured worker demonstrated some improvements. The utilization review dated 02/28/14 resulted in a denial for acupuncture, a lumbar MRI and x-ray, as well as a pain management referral as insufficient information had been submitted regarding the injured worker's previous trial of acupuncture confirming an objective functional improvement. No information had been submitted regarding the injured worker's significant changes regarding his lumbar status confirming the need for a repeat MRI. No information had been submitted regarding the injured

worker's significant physical and functional deficits that would indicate the need for an x-ray of the lumbar spine.

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

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

#### **ACUPUNCTURE X 6: Upheld**

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

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

**Decision rationale:** The documentation indicates the injured worker complaining of low back pain. 6 sessions of acupuncture are indicated provided the injured worker meets specific criteria to include an objective functional improvement through the initial course of treatment. There is an indication the injured worker has previously undergone acupuncture treatment. Subjectively, the injured worker stated there was some improvement. However, no objective data was submitted confirming the injured worker's functional improvements directly related to the previously rendered acupuncture. Given this, the request is not indicated as medically necessary.

#### **Lumbar spine MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

**Decision rationale:** There is an indication the injured worker has previously undergone a lumbar MRI. A repeat MRI is indicated for injured workers who have demonstrated significant changes in the symptomology or new pathology has been identified by clinical exam. No information was submitted regarding the injured worker's significant changes involving the symptomology. No information was submitted regarding the development of any new pathology. Given these factors, the request is not indicated as medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** An x-ray of the lumbar spine is indicated for injured workers who have demonstrated serious spinal pathology to include any red flags. No information was submitted in the documentation regarding any red flags. Given this, the request is not indicated as medically necessary.

**Pain management referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, page 163.

**Decision rationale:** A pain management referral would be indicated provided the injured worker meets specific criteria to include significant functional deficits associated with the neurologic findings. No information was submitted regarding the injured worker's significant functional deficits indicating the need for a pain management referral. Additionally, it appears from the clinical notes that the pain management referral is directly related to a course of treatment involving epidural steroid injections. No information was submitted regarding the injured worker's neurologic deficits confirming the need for epidural injections. Given these factors, the request is not indicated as medically necessary.