

Case Number:	CM14-0104860		
Date Assigned:	07/30/2014	Date of Injury:	09/30/2013
Decision Date:	01/14/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 62-year-old woman who sustained a work-related injury on September 30, 2013. Subsequently, the patient developed chronic low back. Prior treatments included: medications, physical therapy, 12 sessions of acupuncture, trigger point injections, and home exercise program. MRI of the lumbar spine dated June 29, 2014 showed disc desiccation at L3-4 and L4-5 levels. Focal fatty deposition was noted at L3 vertebra. Modic endplate degenerative changes were noted at L4-5 level. Schmorls node noted at L4-5 level. L3-4: diffuse disc protrusion, more marked paracentrally, effacing the thecal sac. Disc material and facet hypertrophy causing bilateral neuroforaminal narrowing that effaces the left and right L3 exiting nerve roots. L4-5: diffuse disc protrusion with effacement of the thecal sac. Disc material and facet hypertrophy causing bilateral neural foraminal stenosis that encroaches the left and right L4 exiting nerve root. According to the progress report dated October 24, 2014, the patient continued to complain of pain, having a diagnosis of lumbar myoligamentous injury and bilateral elbow myoligamentous injury. Her condition was slowly progressively getting worse; especially her radicular pain in her lower extremities was getting worse than her back pain. She reported that the medications were significantly helping her. Examination of the cervical spine revealed tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular, and sub-occipital region. There were multiple trigger points and taut bands palpated throughout. The range of motion was restricted by pain. Deep tendon reflexes were 2+ bilaterally. Upper extremity motor testing was 5/5 bilaterally. Sensory examination to Wartenberg pinprick wheel was non-focal and symmetrical. Examination of the lumbar spine revealed normal lumbar lordosis, and there was no evidence of scoliosis or increased thoracic kyphosis. There was tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. There were trigger points and taut bands with tenderness to palpation noted throughout. The

range of motion was limited by pain. Deep tendon reflexes were 2+ bilaterally. Sensory examination to Wartenberg pinprick wheel was decreased in the lateral calves bilaterally. The straight leg raise in the modified sitting position was positive at 60 degrees bilaterally. . The provider requested authorization for acupuncture to lumbar spine, and MRI the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to lumbar spine 2 times per week for 6 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, Acupuncture" is 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The patient developed a chronic back pain that may require acupuncture. However, there is no justification for 12 sessions of acupuncture without documentation of improvement of functional improvement. Guidelines recommended 3 to 6 sessions of acupuncture. More sessions could be requested if there is documentation of improvement. Therefore, the request of Acupuncture is not medically necessary.

MRI of the Lumbar Spine: Upheld

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

Decision rationale: RRegarding the indications for imaging in case of back pain, MTUS guidelines stated: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be

obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of lumbar radiculopathy or nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.