

<b>Case Number:</b>	CM14-0190648		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 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 40-year-old male who reported injury on 05/21/2014. The mechanism of injury was reported to have occurred while carrying a passenger from 1 bus to another bus. The diagnoses included cervical sprain/strain, lumbar sprain/strain, and back pain. Past treatments have included physical therapy. Diagnostic studies were not provided. The injured worker was reported to have no known surgical history. The follow-up note, dated 10/21/2014, noted the injured worker complained of dull low back pain which was reported to be mild and moderately severe without radiation, weakness, numbness, or tingling to the lower extremities. He also reported dull neck pain, which was mild and moderately severe without pain, numbness, tingling, or weakness to the upper extremities. The physical exam revealed spasms of the thoracolumbar spine and paravertebral musculature, with tenderness and no restriction of range of motion of the back. The neurological exam noted 2/4 bilateral deep tendon reflexes, intact sensation, and no weakness. Medications included Cyclobenzaprine 5 mg at bedtime, and Etodolac ER 600 mg daily. The treatment plan noted a spine consult was pending, and scheduled for 11/06/2014. The Request for Authorization form was submitted for review on 10/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice a week for three weeks for the Lumbar Spine:** 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 twice a week for three weeks for the lumbar spine is not medically necessary. The California MTUS Acupuncture Guidelines recommend acupuncture as an option when pain medications are reduced or not tolerated, or as an adjunct to physical therapy or surgical intervention to hasten recovery. The guidelines state acupuncture treatments should produce functional improvement in 3 to 6 treatment. If there is evidence of significant objective functional improvement after the initial trial, the guidelines recommend continuation of treatment with 1 to 3 sessions per week over 1 to 2 months. There is no documentation of intolerance or change in the injured worker's medications. There is no documentation indicating active therapy is being utilized. There is a lack of documentation of measured subjective or objective pain or functional deficits to the lumbar spine. As such, the use of acupuncture for the lumbar spine is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

**LSO Lumbar Brace for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308.

**Decision rationale:** The request for LSO lumbar brace for the lumbar spine is not medically necessary. The injured worker had unmeasured pain to the lumbar spine without documentation of functional limitations. The California MTUS/ACOEM Guidelines do not recommend lumbar support for the treatment of low back disorders. Lumbar braces have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, the continued use of back braces could lead to deconditioning of the spinal muscles. There is a lack of documentation indicating the quality or severity of the injured worker's back pain. There is a lack of documentation indicating instability of the lumbar spine. The rationale for the lumbar brace was not provided for review. As the use of lumbar support/brace is not recommended per the evidence based guidelines, the request is not supported at this time. Therefore, the request is not medically necessary.