

<b>Case Number:</b>	CM15-0001959		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female who reported an injury on 08/19/2011. The mechanism of injury was not specified. Her relevant diagnoses include chronic pain and spondylolisthesis. Past treatments included medications, work restrictions, surgery, aquatic therapy, postoperative physical therapy, acupuncture, and a cane. Her pertinent surgical history included a l lumbar laminectomy at L5, partial laminectomy at L4 and S1, bilateral partial facetectomies and foraminotomies at L4-5 and L5-S1 with pedicle screw instrumentation at L5-S1, local bone graft, and allograft bone on 06/19/2012. On 11/17/2014, the injured worker complained of low back pain which was indicated to be constant and severe. The injured worker indicated she was unable to sit or stand for extended periods of time and could not lift 4 to 5 pounds. Physical examination revealed some bruising, tenderness to palpation of the lumbar spine, decreased range of motion, and a positive straight leg raise on the right. The injured worker was also indicated to have weakness on the right. Relevant medications were not provided for review. The treatment plan included 4 visits of acupuncture therapy to the lumbar and pain management for medication management. A rationale was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 visits of Acupuncture therapy to lumbar: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127; Consultation

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

**Decision rationale:** The request for 4 visits of acupuncture therapy to the lumbar is not medically necessary. According to the California MTUS Acupuncture Guidelines, acupuncture is an option when pain medication is reduced or not tolerated, may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. In addition, acupuncture can also 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 injured worker, and reduce muscle spasms. The injured worker was indicated to have chronic low back pain. However, there was lack of documentation to indicate medical necessity for the use of acupuncture for treatment to reduce pain, reduce inflammation, increase blood flow, increase range of motion, and to decrease the side effect of medication induced nausea, promote relaxation in an anxious injured worker, and reduce muscle spasms. Furthermore, there was lack of documentation to indicate the medical necessity of acupuncture to assist in the functional recovery after a surgical intervention, or would be used as an adjunct to physical rehabilitation. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

#### **Pain Management for Medication Management: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127; Consultation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

**Decision rationale:** The request for pain management for medication management is not medically necessary. According to the California MTUS Guidelines, chronic pain programs are recommended for injured workers with conditions that put them at risk of delayed recovery. The criteria for the pain management program includes an adequate and thorough evaluation, including baseline functional testing has been performed; previous methods of treating chronic have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the injured worker has a significant loss of ability to function independently resulting from the chronic pain; the injured worker is not a candidate where surgery or other treatments would clearly be warranted; the injured worker exhibits motivation to change and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success have been ruled out and addressed. Furthermore, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker was indicated to have chronic low back pain. However, there was lack of documentation in regards to meeting pain management criteria, to include an adequate and thorough evaluation, documentation that other

forms of treatment would not benefit the injured worker, documentation the injured worker had a significant loss in ability to function independently resulting from the chronic pain, documentation the injured worker exhibited motivation to change and was willing to forgo secondary gains, and there is a lack of documentation that negative predictors of success that have been addressed. In the absence of the above, the request for pain management for medication management is not supported by the evidence based guidelines. As such, the request is not medically necessary.