

<b>Case Number:</b>	CM15-0130175		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 36-year-old female, who sustained an industrial injury on November 5, 2014. She reported multiple orthopedic injuries. The injured worker was diagnosed as having knee sprain, lumbar strain and bilateral L5-S1 radiculopathy and cervical strain. Treatment to date has included diagnostic studies, medication and physical therapy. On June 3, 2015, the injured worker complained of intermittent pain in the center and to the right of her mid back with radiation down her right lower extremity to her knee, numbness and tingling of the right foot and a sharp pain that is frequent over the anteromedial right knee with popping. The treatment plan included an MRI of the lumbar spine and thoracic spine and acupuncture. On June 10, 2015, Utilization Review non-certified the request for thoracic spine MRI and acupuncture treatments two times four to the right knee, lumbar spine and thoracic spine, citing California MTUS Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-305.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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 Lumbar and Thoracic Chapter, MRI's.

**Decision rationale:** The patient presents with intermittent pain in the center and to the right of her mid back. Constant sharp pain across her low back. It radiates posteriorly down her right lower extremity to her knee. Sharp pain that is frequent over the anteromedial right knee. The request is for thoracic spine MRI. The request for authorization is not provided. EMG/NCS of the bilateral upper and lower extremities, 05/11/15, in the upper extremities the study showed bilateral carpal tunnel syndrome, mild on the right and minimal on the left, with prolonged median sensory latencies across the wrist. There is no evidence of ulnar neuropathy or significant cervical radiculopathy. In the lower extremities, the study also showed a mild bilateral L5, S1 radiculopathy, with mild denervation changes seen in the L5 and S1 paraspinal EMG. There is no evidence of a generalized peripheral neuropathy. Physical examination of the right knee reveals tenderness to palpation anteromedial right knee and medial joint line. Patello-femoral crepitus. Trace Lachman test. Equivocal McMurray test. Exam of C/S reveals tenderness to palpation right trapezius. Exam of L/S reveals tenderness to palpation L4-Sacrum, right erector spinae. Left straight leg raise 70, right straight leg raise 45. Tenderness to palpation supraspinous ligament T6-10. Patient's medications include Ibuprofen, Tylenol #3, Omeprazole, Celebrex and Duexis. Per progress report dated 06/03/15, the patient is returned to modified work. ODG, Low Back Lumbar and Thoracic Chapter, MRI's, states, "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 06/03/15, treater's reason for the request is "to R/O disc injury." In this case, it appears the treater has provided the Thoracic Spine MRI prior to authorization on 06/25/15. Review of provided medical records do not show that the patient has had a prior MRI of the thoracic spine. However, there are no signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request was not medically necessary.

**Acupuncture treatments, 2 x 4, total 8 sessions to right knee, lumbar spine & thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with intermittent pain in the center and to the right of her mid back. Constant sharp pain across her low back. It radiates posteriorly down her right lower extremity to her knee. Sharp pain that is frequent over the anteromedial right knee. The request is for acupuncture treatments, 2 x 4, total 8 sessions to right knee, lumbar spine & thoracic spine. The request for authorization is not provided. EMG/NCS of the bilateral upper and lower extremities, 05/11/15, in the upper extremities the study showed bilateral carpal tunnel syndrome, mild on the right and minimal on the left, with prolonged median sensory

latencies across the wrist. There is no evidence of ulnar neuropathy or significant cervical radiculopathy. In the lower extremities, the study also showed a mild bilateral L5, S1 radiculopathy, with mild denervation changes seen in the L5 and S1 paraspinal EMG. There is no evidence of a generalized peripheral neuropathy. Physical examination of the right knee reveals tenderness to palpation anteromedial right knee and medial joint line. Patello-femoral crepitus. Trace Lachman test. Equivocal McMurray test. Exam of C/S reveals tenderness to palpation right trapezius. Exam of L/S reveals tenderness to palpation L4-Sacrum, right erector spinae. Left straight leg raise 70, right straight leg raise 45. Tenderness to palpation supraspinous ligament T6-10. Patient's medications include Ibuprofen, Tylenol #3, Omeprazole, Celebrex and Duexis. Per progress report dated 06/03/15, the patient is returned to modified work.9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. Review of medical records indicates the patient has not had any previous sessions of Acupuncture. Given patient's condition, sessions of Acupuncture may be indicated. However, MTUS guidelines recommend up to 6 treatments to produce functional improvement. In this case, the request for 8 sessions of Acupuncture exceeds MTUS recommendation. Therefore, the request is not medically necessary.