

<b>Case Number:</b>	CM15-0138173		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on August 28, 2014. The injured worker was evaluated on June 30, 2015 by an orthopedic surgeon. She reported pain in the mid-upper back, left hip and left knee as well as the low back with radiation of the low back pain to the bilateral dermatomes. She rated her mid-upper back pain a 7 on a 10-point scale which was unchanged since her previous visit. She rated her low back pain a 7 on a 10-point scale which decreased from 8 on a 10-point scale at her previous visit; and her left hip and left knee pain was rated a 5 on a 10-point scale which decreased from 8 on a 10-point scale at the previous visit. On physical examination, the injured worker had tenderness to palpation over the thoracic paraspinal muscles, the lumbar paraspinal muscles, the left hip and the left knee. Her thoracic spine decreased from a grade 3 at the previous evaluation to a grade 2. The tenderness at the lumbar spine, the left hip and left knee remained the same as her previous evaluation. An MRI of the lumbar spine performed on April 28, 2015 revealed abnormal bone marrow signal intensity within the lumbar spine; grade I anterolisthesis at L4-5; broad-based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing at L3-4; broad-based posterior disc protrusion resulting in bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy at L4-5; and posterior annular tear and broad-based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing at L5-S1. The injured worker was diagnosed as having thoracic musculoligamentous sprain-strain, lumbosacral musculoligamentous sprain-strain with radiculitis, lumbosacral spine disc protrusions, Grade I anterolisthesis of L4-5, left hip sprain-strain, left hip trochanteric bursitis,

left knee sprain-strain, and possible left knee meniscal tear. Treatment to date has included at least four sessions of acupuncture therapy from May 19, 2015 through July 13, 2015, physical therapy, chiropractic therapy, injections, extra-corporeal shockwave therapy and medications. A request for authorization for twelve visits for acupuncture and MRI of the lumbar spine without contrast was received on July 10, 2015. On July 13, 2015, the Utilization Review physician determined twelve visits for acupuncture and MRI of the lumbar spine without contrast were not medically necessary.

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

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

**Acupuncture 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 month. 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 12 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not medically necessary.

**MRI Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRI.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on low back complaints and special diagnostic studies states: 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, computed tomography [CT] for bony structures). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. There is no recorded presence of emerging red flags on the physical exam. There is evidence of nerve compromise on physical exam but there is not mention of consideration for surgery or complete failure of conservative therapy. For these reasons, criteria for imaging as defined above per the ACOEM have not been met. Therefore, the request is not medically necessary.