

<b>Case Number:</b>	CM15-0139855		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, 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 56 year old female patient who sustained an industrial injury on August 09, 2013. An orthopedic follow up dated June 01, 2015 reported the patient with subjective complaint of constant lumbar spine pain. On April 28, 2015 she had complaint of lumbar spine pain with radiation into the left buttock. The patient had completed a course of physical therapy and chiropractic session with temporary relief. She was diagnosed with L5-S1 anterolisthesis; lumbar spine stenosis, and lumbar degenerative disc disease. The plan of care noted pending authorization for radiography study of lumbar spine, acupuncture session and deferring an epidural injection at this time. She is to remain on a modified work duty. The treating diagnoses at a follow up visit dated May 26, 2015 were listed as: lumbar spine disc protrusion with left radiculopathy, and anterolisthesis of L4-5 lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x week for 4 weeks for lumbar spine:** Upheld

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

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

**Decision rationale:** CA MTUS states that acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The records submitted do not indicate any ongoing physical rehab or surgical intervention for the patient's condition. In addition, the request for 8 treatments is excessive according to guidelines that recommend 3-6 treatments. Therefore, the request is deemed not medically necessary or appropriate.

**MRI of the lumbar spine 3.0 Tesla:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) - MRI's (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** ACOEM Guidelines support an MRI when objective findings of nerve root compromise are present. The patient's most recent evaluation showed no evidence of nerve root compromise. There was no evidence of pain in a dermatomal pattern or motor/sensory/reflex losses in the lower extremities. No red flags are documented There is no history of prior x-rays or MRIs documented. No treatment plan is given. Therefore, the request for an MRI of the LS spine is not medically necessary or appropriate.