Case Number:	CM15-0141205		
Date Assigned:	07/31/2015	**Date of Injury:**	06/04/2010
Decision Date:	09/02/2015	**UR Denial Date:**	06/17/2015
Priority:	Standard	**Application Received:**	07/21/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 male, who is 34 years old, with a reported date of injury of 06-04-2010. The mechanism of injury was the lifting of a heavy box, and then twisted his back to get the box down. He then felt a pop in his back. The injured worker's symptoms at the time of the injury included back pain. The diagnoses include lumbar herniated nucleus pulposus, lumbosacral pain, lumbar spine sprain or strain, thoracic spine sprain or strain, right sciatic neuralgia, lumbar intervertebral disc syndrome, and bilateral sciatic radiculopathy. Treatments and evaluation to date have included chiropractic treatment and oral medications. The diagnostic studies to date have included an MRI of the lumbar spine on 06/11/2015 which showed a 5mm broad-based disc bulge at L4 to L5, facet and ligamentum flavum hypertrophy, moderate canal stenosis, moderate bilateral neural foraminal narrowing, a 2 to 3mm broad-based disc bulge at L5 to S1, bilateral facet arthrosis, and bilateral neural foraminal narrowing without canal stenosis. The orthopedic evaluation dated 06-09-2015 indicates that the injured worker complained of back pain, which he rated 7 out of 10, with associated pain in his right and left legs. It was noted that the injured worker had difficulty sitting and standing, climbing stairs, taking a bath, opening a new carton of milk, getting in and out of a car, sleeping, and engaging in sexual activity. The physical examination of the back showed no evidence of deformity, a normal stance and gait, pain on palpation of the paravertebral musculature with muscle spasm and guarding, restricted and painful range of motion, positive bilateral straight leg raise test, and no evidence of weakness in the upper or lower extremities to manual muscle testing. It was noted that the injured worker was working with restrictions of no heavy lifting. The treating physician requested an MRI of the lumbar spine without contrast, Naproxen 550mg #60, and ten acupuncture sessions. The medical records contain no references to any acupuncture treatment to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS ACOEM Guidelines indicate that if physiologic evidence shows tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, such as an MRI for neural or other soft tissue, and CT scan for bony structures. The ODG indicates that MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy. There was no evidence that he injured worker had prior low back surgery or a diagnosis of radiculopathy. The guidelines also indicate that they are not recommended until after at least one month conservative therapy, sooner if there is severe or progressive neurologic deficit. A repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as a tumor, infection, fracture, neurocompression, or recurrent disc herniation. The indications for MRIs of the low back include: lumbar spine trauma, neurological deficit; lumbar spine trauma, fracture; suspicion of cancer, infection, other "red flags"; low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit; prior lumbar surgery; and cauda equina syndrome. There is documentation that the injured worker had a prior MRI of the lumbar spine; however, there was no documentation of the rationale for a repeat MRI. The request does not meet guideline recommendations. Therefore, the request for an MRI of the lumbar spine is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Nonselective NSAIDs, Naproxen Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen and NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be justified. The guidelines state that ”Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." The guidelines also indicate that for osteoarthritis, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is inconsistent evidence for the use of these medications for the treatment of long-term neuropathic pain; however, NSAIDs may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. There is documentation that the injured

worker had ongoing lumbar neuropathic and radicular pain. The injured worker has been on NSAIDs since at least 06/09/2015. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Naproxen is not medically necessary.

10 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, 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 recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the requested 10 acupuncture sessions exceed the guideline recommendations. Medical necessity of the requested acupuncture has not been established. The requested services are not medically necessary.