

<b>Case Number:</b>	CM15-0143461		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/14/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 41 year old female who reported an industrial injury on 10-14-2012. Her diagnoses, and or impression, were noted to include: painful lumbar annular tear; lumbosacral facet arthropathy, coccydynia; and depression. No current imaging studies were noted. Her treatments were noted to include: psychiatric evaluation and treatment; diagnostic studies; physical therapy; acupuncture therapy; chiropractic treatments; tailbone-coccyx injections; lumbar epidural steroid injections; medication management; and . The progress notes of 1-22-2015 reported continued low back pain and tailbone pain. Objective findings were noted to include the review of the magnetic resonance imaging studies; pain over the lower back area, lumbosacral facet joints, and coccyx and tailbone area; limited range-of-motion secondary to pain; and positive right-side straight leg raise. The physician's requests for treatments were noted to include acupuncture for the lumbar spine and a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice weekly for 4 weeks to the lumbar spine:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in October 2012 and was seen for an initial evaluation by the requesting provider on 07/7/15 she was having radiating low back pain. Prior treatments had included physical therapy, acupuncture, epidural injections, medications, and chiropractic care. Physical examination findings included decreased spinal range of motion with lumbar tenderness, trigger points, and muscle spasms. There was tenderness over the coccyx. Straight leg raising was positive and there was decreased sensation over the dorsal aspect of the feet. Medications were prescribed. Recommendations included continuation of a self-directed home exercise program. Acupuncture and a lumbar brace were also requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations and prior treatments have included acupuncture without documented improvement. The requested acupuncture treatments were not medically necessary.

**Back brace:** 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 Page(s): 138-139.

**Decision rationale:** The claimant sustained a work injury in October 2012 and was seen for an initial evaluation by the requesting provider on 07/7/15 she was having radiating low back pain. Prior treatments had included physical therapy, acupuncture, epidural injections, medications, and chiropractic care. Physical examination findings included decreased spinal range of motion with lumbar tenderness, trigger points, and muscle spasms. There was tenderness over the coccyx. Straight leg raising was positive and there was decreased sensation over the dorsal aspect of the feet. Medications were prescribed. Recommendations included continuation of a self-directed home exercise program. Acupuncture and a lumbar brace were also requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was not medically necessary.