

<b>Case Number:</b>	CM15-0160051		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 34 year old male who sustained a work related injury September 11, 2014. Past history included depression and irritability. On April 24, 2015, the injured worker underwent a lumbar epidurogram and lumbar injection of epidural steroids. Diagnosis is documented as spinal stenosis with lumbar radiculitis. According to a primary treating physician's progress report, dated July 13, 2015, the injured worker presented with complaints of intermittent moderate and burning low back pain and stiffness, rated 6 out of 10, radiating to the legs with numbness and tingling. Objective findings included; 6' and 220 pounds; lumbar spine- slow guarded gait; range of motion decreased and painful; tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles; muscle spasm of the lumbar paravertebral muscles; straight leg raise causes pain bilaterally; Kemp's positive. Diagnoses are lumbar disc protrusion; lumbar muscle spasm; lumbar radiculopathy; anxiety; depression. Treatment plan included pain management to follow-up in September, medical evaluation report is pending, and at issue, a request for authorization for acupuncture 1 x 6, lumbar spine and range of motion test, one time per month, duration unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 x 6, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

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

**Decision rationale:** According to MTUS 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 functional recovery. The patient developed chronic back pain and musculoskeletal disorders. He received several sessions of acupuncture without clear evidence of pain and functional improvement. There is no justification for the use of more acupuncture. Therefore, the request for Acupuncture 1 x 6, lumbar spine is not medically necessary.

**Range of motion test, 1 time per month, duration unspecified:** 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 - Lumbar & Thoracic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Flexibility. <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Flexibility not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. There is no rationale from dedicating a specific consultation to study the patient range of motion. There is no justification from repeating range of motion testing without knowing the outcome of previous testing. Therefore, the request for Range of motion test, 1 time per month, duration unspecified is not medically necessary.