

<b>Case Number:</b>	CM15-0169320		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	01/16/2007
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 1-16-2007. Diagnoses include status post lumbar spine surgery with interbody fusion L5-S1 (2010) and bilateral plantar fasciitis. Treatment to date has included surgical intervention (lumbar interbody fusion, 2010), as well as conservative measures including medications. Per the Secondary Treating Physician's Progress Report dated 7-25-2013, the injured worker presented for follow-up evaluation. He reported moderate pain in the lower back with radiation to the bilateral legs with no improvement. He reported an exacerbation of lower back pain last Tuesday and was evaluated by his primary care physician and a methylprednisolone pack was prescribed. He also reported moderate pain in the bilateral feet. Objective findings of the lumbar spine included tenderness to palpation and palpable spasm over the paraspinal muscles with restricted range of motion. There was decreased sensory function to the bilateral legs. His disability status is permanent and stationary. The plan of care included, and authorization was requested for acupuncture (2x3), magnetic resonance imaging (MRI) of the lumbar spine and consultation with a spine surgeon. On 8-19-2015, Utilization Review non-certified the request for acupuncture (2x3), magnetic resonance imaging (MRI) of the lumbar spine and consultation with a spine surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 3 weeks:** Upheld

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

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

**Decision rationale:** According to acupuncture treatment guidelines an initial trial of 3-6 treatments is appropriate. Continued treatment is appropriate if supported by clinical records and previous acupuncture treatment records indicated that initial treatment was successful in alleviating pain and improving functional capacity. Unfortunately there are no recent records provided and no acupuncture records provided to verify efficacy with prior treatment. Therefore continued treatment is not medically necessary or appropriate at this time.

**MRI of the lumbar spine:** 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, Indications for Magnetic resonance imaging.

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

**Decision rationale:** According to ACOEM guidelines referenced by MTUS, lumbar MRI is an appropriate diagnostic study "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, computer tomography [CT] for bony structures)." From my review of the records there is no current and recent clinical evidence provided to indicate that tissue insult or nerve impairment is the potential cause of the IW's chronic pain. Considering that there have been no recent physical exam findings or record regarding the IW's chronic pain with conservative treatment, based on the cited guidelines the requested imaging study is not medically necessary or appropriate.

**Consultation with spine surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations.

**Decision rationale:** The cited guidelines support referral to surgical consultation when conservative treatment has not been successful and the patient is experiencing worsening of pain symptoms that is impacting functional capacity. ACOEM, Chapter 6, page 114 states, in pertinent part: "Research suggests that multidisciplinary care is beneficial for most persons with

chronic pain, and likely should be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability". The guidelines also state that "physicians should consider referral for further evaluation and perhaps cooperative treatment if: 1) specific clinical findings suggests undetected clinical pathology. 2) Appropriate active physical therapy does not appear to be improving function as expected. 3) The patient experiences increased pain, or at the very least, pain does not decrease come over time. Unfortunately there are no recent updated clinic records to indicate that current specific clinical findings require surgical evaluation. Considering the limited provided records and cited guidelines, referral for pain medicine consultation is not medically necessary at this time.