

Case Number:	CM15-0188503		
Date Assigned:	09/30/2015	Date of Injury:	10/17/2014
Decision Date:	12/01/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/24/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 40 year old female who sustained an industrial injury on 10-17-2014. Medical records indicated the worker was treated for lumbar spondylolisthesis, other unspecified disc disorder, thoracic or lumbosacral neuritis or radiculitis, unspecified. In the visit of 05-20-2015, the worker was recommended to follow up with acupuncture treatment 1 times per week for 6 weeks to address the lumbar spine and right hip. She is to receive chiropractic treatment 2 times per week for six weeks to address spine and right hip. On 06-23-2015, the acupuncturist noted the worker was improving and would benefit from further acupuncture. The number of acupuncture treatments was not given. On July 1, 2015, the worker complained that her lower back had constant pain in the bilateral right greater than left lower back traveling to her left lower extremity that she described as sharp pain and stiffness. She rates her pain as a 7 on a scale of 0-10 with numbness and tingling. She notes her pain is unchanged and continues between the left and right lower extremity. She complained of intermittent pain in her hips described as aching and stiff and rated a 5-6 on a numeric rating scale of 0-10. These pain levels are without medication. She also complains of difficulty falling asleep due to pain, waking during the night due to pain, decreased muscle mass and strength, and tingling sensations with her pain. Sitting, standing, walking, walking on uneven surfaces, repetitive bending, stooping, kneeling, squatting, overhead reaching, twisting and repetitive movements aggravate her pain. Current medications include Tramadol ER, Cyclobenzaprine. On exam, the worker is hypertensive at 168/110. She ambulates normally and on examination of her lumbar spine, the extradural involvement-sciatic tension is positive bilaterally. Levels L1-through L5 and S1

palpation reveals moderate paraspinal tenderness bilaterally, right greater than left. The plan of care is for urine drug testing to monitor prescription drug adherence, a lumbar brace for prophylactic purposes to avoid exacerbation of the current injury, continued acupuncture and chiropractic treatments 2x per week for six weeks (each discipline) and a Medrol Dose pack. A request for authorization was submitted for: 1. Lumbar brace/LSO. 2. Acupuncture for the lumbar spine and right hip 2 times a week for 6 weeks. 3. Continued chiropractic treatment for the lumbar spine and right hip 2 times a week for 6 weeks. 4. Medrol dose pack. A utilization review decision 08-25-2015 Non-certified the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace/LSO: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Back, Lumbar supports.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. MTUS and ACOEM fail to address this topic. MTUS does not recommend lumbar braces. There is no scientific evidence that demonstrates benefit in chronic back pain patients. Per ODG, lumbar support braces are "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." This patient has diagnosed with radiculitis. She does not have clear radiographic evidence of compression fracture or acute spondylolisthesis. A lumbar brace is not indicated based on MTUS and ODG recommendations. Therefore, based on the submitted medical documentation, the request for lumbar brace is not medically necessary.

Acupuncture for the lumbar spine and right hip 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of acupuncture testing for this patient. The California MTUS Acupuncture guidelines address the topic of neck/cervical acupuncture. In accordance with California MTUS Acupuncture guidelines "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented." This patient has been prescribed acupuncture for 2x per week for 6 weeks. She has been diagnosed with chronic pain syndrome. Pain has been described as not improved and "the same". Since the

patient has already received prior acupuncture treatments with seemingly no good effect; further treatments are not warranted. Ergo, based on MTUS guidelines, functional improvement is not documented. Therefore, based on the submitted medical documentation, the request for continued acupuncture of the lumbar spine and right hip is not medically necessary.

Continued chiropractic treatment for the lumbar spine and right hip 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this intervention for this patient. The California MTUS Guidelines state that Chiropractic manipulation is recommended for the treatment of chronic pain that has acute flares or "requires therapeutic care." However, it is "not recommended for elective for maintenance therapy." The medical records support that this patient has chronic back pain which has been stable with no recent flare-ups or acute interventions. The patient's pain appears to be at a steady state with pain 0-10 off medication (and controlled with medication). The patient has been receiving chiropractic manipulation on a routine basis. MTUS does not support the need for manipulation as maintenance therapy. Therefore, based on the submitted medical documentation, medical necessity for chiropractic therapy to the lumbar spine and right hip 2x per week for 6 weeks has not been established.

Medrol dose pack: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. MTUS and ACOEM fail to address this topic. Per ODG Guidelines, Medrol dose packs are "Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain." This patient has been documented to have chronic, not acute pain. Medrol dose packs are corticosteroids. Per ODG, corticosteroids are not recommended except for acute back pain. Therefore, based on the submitted medical documentation, the request for Medrol dose pack is not medically necessary.