

Case Number:	CM15-0202767		
Date Assigned:	10/19/2015	Date of Injury:	05/22/2015
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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:

The injured worker is a 31 year old male, who sustained an industrial injury on 05-22-2015. He has reported injury to the low back. The diagnoses have included lumbar sprain-strain; sacrum sprain-strain; myofascial sprain-strain of the lumbar spine; herniated nucleus pulposus at L5-S1 with radiculopathy; and cervical myofascial sprain-strain. Treatments have included medications, diagnostics, activity modification, ice, heat, chiropractic therapy, physical therapy, and home exercise program. Medications have included Acetaminophen, Nabumetone, Gabapentin, Ultracet, and Cyclobenzaprine. A progress report from the treating provider, dated 08-17-2015, documented an evaluation with the injured worker. The injured worker reported constant neck pain that reaches 9 on a scale of one to ten; the pain radiates into the head and neck; the pain improves with over-the-counter medication; constant low back pain that reaches 9 on a scale from one to ten; the pain is accompanied by stiffness, tingling, and decreased motion; the pain radiates down the right lower extremity and up the spine into the neck; and the pain is aggravated on routine movements, and improves with medication. Objective findings included he is alert and oriented; he appears in no apparent distress at this time; there is mild tenderness extending along the paravertebral borders of the cervical spine; there is tenderness noted along the paravertebral borders of the lumbar spine extending from L3 through L5, where there is unilateral muscle spasm noted along the right side; there is sciatic notch tenderness; active and passive range of motion of the lumbar spine is limited with pain; and straight leg raise test is positive on the right. The treatment plan has included the request for acupuncture x 10, for lower

back; and pain management consultation. The original utilization review dated 09-22-2015, non-certified the request for acupuncture x 10, for lower back; and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 10, for Lower Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in May 2015 when he had progressive low back pain after digging, lifting, and scooping rocks into a wheelbarrow. Treatments have included physical therapy with completion of 6 sessions as of 06/19/15 with temporary relief, 4 chiropractic treatments which were ineffective, and medications. An MRI of the lumbar spine included findings of a right lateralized disc extrusion. When seen, he was having low back pain radiating into the lower extremities. There was abnormal right lower extremity sensation consistent with radiculopathy at L5 and S1. Straight leg raising was negative. The claimant has a normal body mass index. The claimant stopped working in August 2015. 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. The requested acupuncture treatments were not medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in May 2015 when he had progressive low back pain after digging, lifting, and scooping rocks into a wheelbarrow. Treatments have included physical therapy with completion of 6 sessions as of 06/19/15 with temporary relief, 4 chiropractic treatments which were ineffective, and medications. An MRI of the lumbar spine included findings of a right lateralized disc extrusion. When seen, he was having low back pain radiating into the lower extremities. There was abnormal right lower extremity sensation consistent with radiculopathy at L5 and S1. Straight leg raising was negative. The claimant has a normal body mass index. The claimant stopped working in August 2015. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with lumbar radiculopathy with right lower extremity radicular

symptoms and findings by MRI that correlate with these symptoms. There is decreased lower extremity sensation in a dermatomal pattern. He is a candidate for a lumbar epidural steroid injection. Requesting a referral to pain management is appropriate and medically necessary.