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| <b>Case Number:</b>   | CM15-0216896 |                              |            |
| <b>Date Assigned:</b> | 11/06/2015   | <b>Date of Injury:</b>       | 07/14/2015 |
| <b>Decision Date:</b> | 12/18/2015   | <b>UR Denial Date:</b>       | 10/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/04/2015 |

### 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 42 year old male, who sustained an industrial injury on 7-14-2015. Diagnoses include low back pain, lumbar sprain-strain, and lumbar radiculopathy. Treatments to date include activity modification, medication therapy, heat-ice, and lumbosacral support brace. On 8-7-15, the record documented 30% improvement from the previous month visit. He complained of ongoing low back pain. Five physical therapy sessions had been completed. The physical examination documented lumbar tenderness with muscle spasms and decreased range of motion. The plan of care included continuation of physical therapy and six acupuncture treatment sessions were ordered. On 9-4-15, an initial pain management evaluation was completed with no change in subjective or objective findings. Trigger point injections were provided on that date. The record indicated no improvement with conservative treatment included anti-inflammatory; Medrol Dospak, physical therapy, rest, heat and ice, acupuncture approved but not started, and requested an MRI of lumbar spine. On 9-16-15, the initial orthopedic evaluation was completed indicating lumbar subjective and objective symptoms, positive straight leg raise test bilaterally and symptoms of radiculopathy. The treating diagnosis included lumbar sprain-strain versus discopathy. The plan of care included acupuncture treatment sessions and lumbar spine MRI. The appeal requested authorization for a lumbar spine MRI without dye and for eight (8) acupuncture treatment sessions twice a week for four weeks without stimulation for the low back. The Utilization Review dated 10-3-15, denied these requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Surgical Considerations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

**Decision rationale:** The claimant sustained a work injury in July 2015 when he injured his low back while working as a packer. As of 08/07/15, he had attended 5 physical therapy sessions. He was seen by the requesting provider on 09/16/15. He was having moderate low back pain radiating into the lower extremities with left greater than right lower extremity numbness and tingling and weakness. He was unable to recall the names of the medications he was taking. Physical examination findings included paralumbar muscle tenderness with increased tone. There was thoracolumbar junction and L5/S1 facet tenderness and tenderness over the right sciatic notch. There was decreased range of motion. Fabere testing was positive. Straight leg raising was positive bilaterally. There was a normal neurological examination including gait. Authorization for 8 sessions of acupuncture, a lumbar support, and lumbar MRI were requested. Applicable indications in this case for obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection, when there is radiculopathy with severe or progressive neurologic deficit, a history of prior lumbar surgery, the presence of cauda equina syndrome, or after at least one month of conservative therapy. In this case, there are no identified red flags. The claimant has radicular symptoms but there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy and there is no progressive neurological deficit. A lumbar spine MRI is not medically necessary.

**8 acupuncture 2 times a week for 4 weeks for the low 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 July 2015 when he injured his low back while working as a packer. As of 08/07/15, he had attended 5 physical therapy sessions. He was seen by the requesting provider on 09/16/15. He was having moderate low back pain radiating into the lower extremities with left greater than right lower extremity numbness and tingling and weakness. He was unable to recall the names of the medications he was taking. Physical examination findings included paralumbar muscle tenderness with increased tone. There was thoracolumbar junction and L5/S1 facet tenderness and tenderness over the right sciatic notch. There was decreased range of motion. Fabere testing was positive. Straight leg raising was positive bilaterally. There was a normal neurological examination including gait.

Authorization for 8 sessions of acupuncture, a lumbar support, and lumbar MRI were 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, acupuncture could be an adjunctive treatment with a home exercise program or physical therapy. However, the number of initial treatments requested is in excess of guideline recommendations. The request for acupuncture treatments is not medically necessary.

**Lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Supports.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

**Decision rationale:** The claimant sustained a work injury in July 2015 when he injured his low back while working as a packer. As of 08/07/15, he had attended 5 physical therapy sessions. He was seen by the requesting provider on 09/16/15. He was having moderate low back pain radiating into the lower extremities with left greater than right lower extremity numbness and tingling and weakness. He was unable to recall the names of the medications he was taking. Physical examination findings included paralumbar muscle tenderness with increased tone. There was thoracolumbar junction and L5/S1 facet tenderness and tenderness over the right sciatic notch. There was decreased range of motion. Fabere testing was positive. Straight leg raising was positive bilaterally. There was a normal neurological examination including gait. Authorization for 8 sessions of acupuncture, a lumbar support, and lumbar MRI were requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. 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 a recent fusion. 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 is not medically necessary.