MAXIMUS Federal Services

| Case Number: | CM15-0033501 | | |
|---|---|---|---|
| Date Assigned: | 03/02/2015 | Date of Injury: | 10/27/2008 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

## 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: California, Washington
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 49-year-old male who reported an injury on 10/27/2008. The injured worker suffered a low back strain while attempting to prevent a palette from falling. The injured worker fell to the ground, lading on his knees, causing immediate pain in the lower back. The injured worker is currently diagnosed with nerve compression, L4-5 disc compression, and status post lumbar spine surgery on 01/31/2014 to include a partial fusion. The latest physician progress report submitted for review is documented on 10/15/2014. The injured worker presented for a follow-up evaluation with complaints of constant pain rated 9/10 with radiation into the bilateral lower extremities causing numbness and tingling. Upon examination, there was 10 degrees flexion, 0 degrees extension, and 10 degrees right and left lateral bending. The injured worker was utilizing cyclobenzaprine 10 mg and omeprazole 20 mg. Recommendations at that time included a refill of Norco 10/325 mg, a urine toxicology report, an internal medicine consultation, and a spinal surgery consultation. A Request for Authorization form was submitted on 10/15/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture without stimulation 15 minutes times 4:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. In this case, it is unclear whether the injured worker has previously participated in acupuncture treatment. Authorization for a trial of 4 sessions was previously issued in 02/2015. It is unclear whether the injured worker completed the initially authorized trial of 4 sessions. The request as submitted also failed to indicate a specific body part. As such, the request is not medically appropriate.

**Muscle test 2 limbs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) low back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. The specific type of range of motion testing was not listed in the request. The request as submitted also failed to indicate a specific body part to be tested. As the medical necessity has not been established in this case, the request is not medically appropriate.