

<b>Case Number:</b>	CM15-0051032		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	08/29/2003
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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

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 44-year-old male, who sustained an industrial injury on 09/29/2003. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 02/23/2015 the injured worker has reported low back pain that radiates to lower extremities. On examination of lumbar spine was noted to have a restricted range of motion, tenderness to palpation over lumbar paraspinals bilaterally, tenderness over the bilateral sacroiliac joints and sciatic notches, straight leg raise was positive on the right side. The diagnoses have included status post lumbar laminectomy and discectomy at L5-S1 levels and neural foraminal stenosis. Treatment to date has included medication, MRI, back brace and acupuncture. The provider requested aspen lumbar back support brace and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1xWk x 2Wks for the lumbar spine:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acupuncture Medical Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the provider noted that the patient has had acupuncture sessions in the past with function improvement and pain reduction. The provider ordered a total of 6 sessions of acupuncture (twice a week for 2 weeks, then once a week for 2 weeks) for acute flare up of lower back pain. This request is consistent with the guideline recommendation of 6 trial sessions. Given the patient's prior benefits with acupuncture treatment, it is reasonable to approve these 6 initial sessions of acupuncture at this time. Therefore, this request is medically necessary.

**Acupuncture 2xWk x 2Wks for the lumbar spine:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acupuncture Medical Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the provider noted that the patient has had acupuncture sessions in the past with function improvement and pain reduction. The provider ordered a total of 6 sessions of acupuncture (twice a week for 2 weeks, then once a week for 2 weeks) for acute flare up of lower back pain. This request is consistent with the guideline recommendation of 6 trial sessions. Given the patient's prior benefits with acupuncture treatment, it is reasonable to approve these 6 initial sessions of acupuncture at this time. Therefore, this request is medically necessary.

**Aspen Lumbar Back Support Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter, Lumbar Supports.

**Decision rationale:** Regarding the request for Aspen lumbar back support brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with sub-acute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does appear that this patient is experiencing acute flare up of his lower back pain. However, the patient has used a lumbar supportive brace in the past without documented pain reduction or functional gain. Furthermore, there is no clear reasoning as to why this particular brand of lumbar brace is recommended. As such, the currently requested Aspen lumbar back support brace is not medically necessary.