

<b>Case Number:</b>	CM14-0144942		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/24/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 68 year old male who reported an injury on 07/23/2003. The mechanism of injury was a fall. Diagnoses included lumbar disc displacement, lumbar radiculopathy, low back pain, and insomnia. Past treatments included acupuncture, physical therapy, and medications. Diagnostic studies included EMG and NCV on 05/13/2014, which revealed moderate acute L5 radiculopathy on the right and left. Pertinent surgical history was not provided. The clinical note dated 07/24/2014, indicated the injured worker complained of chronic low back pain radiating to the left lower extremity, rated 8/10. Physical exam revealed normal motor strength in the bilateral lower extremities. His range of motion of the lumbar spine was noted to be decreased as he was noted to only be able to reach his knees on forward flexion, his right lateral bending was 0-10 degrees, his left lateral bending was 20-30 degrees, and his extension was 0-10 degrees. Current medications included Flexeril 10 mg, Prilosec 20 mg, Roxicodone 30 mg, and Neurontin 300 mg. The treatment plan included 8 sessions of acupuncture and a lumbar back brace. The rationale for the acupuncture was that the injured worker had more than 40% relief with prior sessions. The rationale for the lumbar brace was to support his back and relieve some pain. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of acupuncture:** Upheld

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

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

**Decision rationale:** The request for 8 sessions of acupuncture is not medically necessary. The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, when used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines also state that acupuncture treatments may be extended up to 1-2 months, with 1-3 treatments per week, if objective functional improvement is documented following an initial trial. The injured worker complained of chronic low back pain radiating into the left leg. He was also noted to have objective functional deficits with decreased range of motion of the lumbar spine. It was indicated that he reported more than 40% relief with prior acupuncture sessions. However, there is a lack of documented evidence of significant pain relief based on numeric pain scales before and after treatment. Additionally, the injured worker's range of motion and motor strength values prior to his initial acupuncture treatment were not provided to compare with updated values and clearly establish significant objective functional improvement. Moreover, the number of sessions completed was not specified. Based on the lack of documentation showing evidence of objective functional gains made with prior treatment, the appropriateness of additional visits cannot be established. In addition, in the absence of documentation showing the number of sessions previously completed, it is unclear whether an additional 8 sessions would fall within the guideline recommendations. For these reasons, the request for 8 sessions of acupuncture is not medically necessary.

**Lumbar back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Back Brace

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Low Back Complaints, page 300.

**Decision rationale:** The request for a lumbar back brace is not medically necessary. The California MTUS/ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker complained of chronic low back pain radiating to the left lower extremity. As his injury reportedly occurred on 07/24/2003 and he is being treated for chronic pain, he has exceeded the acute phase of symptom relief. There is a lack of clinical documentation to indicate the need for a lumbar back brace beyond the guideline recommendations. Therefore, the request for a lumbar back brace is not medically necessary.

