

<b>Case Number:</b>	CM14-0184737		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Emergency Medicine, and is licensed to practice in California. 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 69 year-old male, who sustained an injury on June 16, 2003. The mechanism of injury is not noted. Diagnostics have included: May 1, 2009 lumbar spine MRI reported as showing L3-4 degenerative changes with bilateral foraminal stenosis, L4-5 bilateral foraminal stenosis. Treatments have included: acupuncture, medications. The current diagnoses are: lumbar degenerative disc disease, left-sided radiculopathy, lumbar stenosis, lumbar facet syndrome, left greater trochanteric bursitis, medication-induced gastritis. The stated purpose of the request for Open MRI (Magnetic Resonance Imaging) lumbar spine was to determine if the injured worker is a candidate for interventional treatment. The request for Open MRI (Magnetic Resonance Imaging) lumbar spine was denied on November 3, 2014, citing a lack of documentation of unequivocal evidence of nerve compromise. The stated purpose of the request for Acupuncture treatment, QTY: 8 sessions was not noted. The request for Acupuncture treatment, QTY: 8 sessions was denied on November 3, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Motrin was not noted. The request for Motrin was denied on November 3, 2014, citing a lack of documentation of medical necessity. Per the report dated September 9, 2014, the treating physician noted complaints of low back pain with numbness, tingling and weakness to the left lower extremity. Exam findings included lumbar paraspinal tenderness, decreased lumbar range of motion, positive bilateral lumbar facet challenge, left quad muscled atrophy, 4+/5 weakness of the left left EHL and invertors, normal lower extremity sensation, straight leg raising tests elicit low back pain to the thighs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open MRI (Magnetic Resonance Imaging) lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested Open MRI (Magnetic Resonance Imaging) lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option" The injured worker has low back pain with numbness, tingling and weakness to the left lower extremity. The treating physician has documented lumbar paraspinal tenderness, decreased lumbar range of motion, positive bilateral lumbar facet challenge, left quad muscled atrophy, 4+/5 weakness of the left EHL and invertors, normal lower extremity sensation, straight leg raising tests elicit low back pain to the thighs. The treating physician has not documented deficits in sensation or reflexes, and unequivocal positive straight leg raising test, nor an acute clinical change since the date of the previous lumbar MRI. The criteria noted above not having been met, Open MRI (Magnetic Resonance Imaging) lumbar spine is not medically necessary.

**Acupuncture treatment, QTY: 8 sessions:** Upheld

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

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

**Decision rationale:** The requested Acupuncture treatment, QTY: 8 sessions, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has low back pain with numbness, tingling and weakness to the left lower extremity. The treating physician has documented lumbar paraspinal tenderness, decreased lumbar range of motion, positive bilateral lumbar facet challenge, left quad muscled atrophy, 4+/5 weakness of the left left EHL and invertors, normal lower extremity sensation, straight leg raising tests elicit low back pain to the thighs. The treating physician has not documented objective evidence of derived functional improvement from completed acupuncture sessions, such as reduced medication dependence, improved work restrictions or improved activities of daily living. The criteria noted above not having been met, Acupuncture treatment, QTY: 8 sessions is not medically necessary.

**Motrin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Motrin, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has low back pain with numbness, tingling and weakness to the left lower extremity. The treating physician has documented lumbar paraspinal tenderness, decreased lumbar range of motion, positive bilateral lumbar facet challenge, left quad muscled atrophy, 4+/5 weakness of the left left EHL and invertors, normal lower extremity sensation, straight leg raising tests elicit low back pain to the thighs. The treating physician has not documented current inflammatory conditions, duration of treatment, nor derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Motrin is not medically necessary.