

<b>Case Number:</b>	CM14-0025372		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/27/2009
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 8/26/13 PR-2 notes pain in the lumbar spine. There is request for acupuncture and consultation. The 10/7/13 PR-2 notes pain in the right upper and lower extremity worse with movement. The 1/27/14 PR-2 notes pain is constant in the legs with movement including bending and lifting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE ACUPUNCTURE 2X4:** Upheld

**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 Official Disability Guidelines (ODG) low back, acupuncture.

**Decision rationale:** The medical records do not indicate any physical examination findings or indicate specific objective functional outcomes from the therapy to date. ODG guidelines support acupuncture for lumbar pain as an adjunct to conventional therapy with an initial trial

of up to 4 visits. The request exceeds this number of visits. The medical records provided for review do not indicate any information in support of extenuating circumstances for the the claimant. Therefore, the request is not medically necessary.

**REFERRAL GENERAL ORTHO:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, IME and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines low back referral for surgical consultation is indicated for patients who have:- Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise- Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms- Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair- Failure of conservative treatment to resolve disabling radicular symptoms Page(s): 305-306.

**Decision rationale:** The medical records provided for review do not indicate any physical exam findings or support progression of neurologic findings or findings consistent with radiculopathy or neural compromise. As such, medical necessity of surgical referral is not supported by the records provided for review. Therefore, the request is not medically necessary.