

<b>Case Number:</b>	CM14-0083541		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 59 year old female who reported an injury on 09/03/2008; the mechanism of injury was not indicated. The injured worker had diagnoses including displacement lumbar intervertebral disc without myelopathy, other chronic pain and thoracic/lumbosacral neuritis radiculitis unspecified. Prior treatment included 12 acupuncture and aquatherapy. Diagnostic studies included electromyography and nerve conduction studies and x-rays. The injured worker's surgical history was not provided in the medical records. The injured worker complained of low back pain and right lower extremity pain rated 5/10 with medication and 10/10 without medication. The clinical note dated 04/24/2014 noted the injured worker was sitting in mild discomfort and there was no evidence of medication-induced somnolence. Lumbar spine straight leg raising was positive on the right and straight leg raising on the left was negative. There was tenderness to the low back to the midline of the lumbar spine at the L5 to S1 levels. There was also tenderness and moderate spasm noted in the right paraspinal musculature. There was tenderness and inflammation noted over the right sacroiliac joint region. The injured worker reported increased pain with flexion, extension and lateral flexion of the lumbar spine. Medications included duragesic patches, norco, cymbalta, neurontin and celebrex. A urine drug screen was performed on 03/19/2014, which was consistent with the injured worker's prescribed medication regimen. The treatment plan included a request for Acupuncture times twelve (12) visits and for Celebrex 200 mg. #30. The rationale for the request was to lessen her pain and improve her function particularly range of motion of the lower back. The request for authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times twelve (12) visits:** 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 Acupuncture times twelve (12) visits, is not medically necessary. The injured worker complained of low back pain and right lower extremity pain. The California MTUS guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior sessions of acupuncture therapy. There is a lack of documentation demonstrating the injured worker has significant objective functional deficits and pain remaining for which continued acupuncture would be necessary. Therefore, the request is not medically necessary.

**Celebrex 200 mg. #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68; 22.

**Decision rationale:** The request for Celebrex 200 mg #30 is not medically necessary. The injured worker complained of low back pain and right lower extremity pain. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines also note, COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation demonstrating the injured worker has significant gastrointestinal symptoms for which a gastrointestinal protectant would be indicated. Additionally, the request failed to provide the frequency of symptoms to support Celebrex to be utilized. Therefore, the request is not medically necessary.

