

<b>Case Number:</b>	CM14-0085273		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/07/2014

### 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 Management 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:

This is a patient with a date of injury of 10/1/12. A utilization review determination dated 5/7/14 recommends non-certification of x-rays of trunk and spine, acupuncture, chiropractic, and MRI lumbar spine. 4/29/14 medical report identifies lumbar spine pain 7/10 radiating to the upper back, right shoulder, buttocks, right hip, and right leg associated with numbness, tingling, burning, throbbing, stabbing, aching, and sharp sensations. Treatment has included ibuprofen, modified duties, 12 PT visits that were not helpful, a "steroid injection to her low back," x-rays of the low back that were normal, and a second steroid injection that was not helpful. A lumbar spine MRI from 10/26/12 was said to reveal a bulging disc at L4-5. Another 6 PT sessions were completed. She re-aggravated her lumbar spine on 2/25/13. On exam, there is limited ROM with positive SLR at 45 degrees bilaterally. Recommendations included baseline labs and urine POC, medication, MRI and x-rays to include the SI joints and lumbar spine, a course of physio chiro and a course of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low back chapter.

**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 Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for MRI lumbar spine, California MTUS does not specifically address repeat MRIs. ODG notes that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no documentation of any red flags or a change in symptoms/findings suggestive of significant pathology given that the only positive neurologic finding on exam is a nonspecific straight leg raise without further description regarding the type and location of the pain experienced. In light of the above issues, the currently requested MRI lumbar spine is not medically necessary.

**X-ray examination of the trunk/spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays).

**Decision rationale:** Regarding request for x-rays, CA MTUS and ACOEM note that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false- positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. ODG similarly does not recommend routine x-rays in the absence of red flags. Within the documentation available for review, there is no identification of significant recent trauma or another red flag. The patient's previous x-rays were noted to be normal and no clear rationale for repeating the studies has been presented. There is mention that the imaging should include the SI joints, but there is no indication of any positive SI joint provocative testing to suggest this as a pain generator. In the absence of clarity regarding those issues, the currently requested x-rays are not medically necessary.

**Acupuncture, twelve (12) visits, two (2) times weekly for six (6) weeks:** Upheld

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

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

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use 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, there is no documentation of prior treatment with acupuncture. The patient does have chronic pain and, as such, a trial of 6 sessions of acupuncture would be reasonable; however, unfortunately, there is no provision for modification of the current request to allow for 6 sessions rather than the 12 sessions requested. In light of the above issues, the currently requested acupuncture is not medically necessary.

**Chiropractic treatments, #12, two (2) times weekly for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** Regarding the request for chiropractic treatment, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it does not appear that chiropractic treatment has been tried previously. As such, a trial of this treatment would be reasonable; however, unfortunately, there is no provision for modification of the current request to allow for 6 sessions rather than the 12 sessions requested. In light of the above issues, the currently requested chiropractic treatment is not medically necessary.