

<b>Case Number:</b>	CM15-0013420		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old female sustained an industrial injury on 10/8/12. She subsequently reports chronic lower back and bilateral lower extremity pain. Diagnoses include lumbar strain, lumbar back pain, L5-S1 disc extrusion with left lateral recess stenosis and T11-T12 central disc extrusion. Prior treatments include physical therapy, aquatic therapy, use of TENS, lumbar injections and chiropractic care. The injured worker has undergone multiple back surgeries. A follow-up lumbar MRI was completed on 12/31/13. The UR decision dated 11/21/14 non-certified the Continued Unspecific treatment with Pain Management. The Continued Unspecific treatment with Pain Management was denied based on CA MTUS ACOEM, ACOEM Occupational Medicine Practice and ODG Pain guidelines. The UR decision dated 11/21/14 partially-certified Acupuncture to Treat the Lumbar Spine 2X4, allowing 2x3. The modification of Acupuncture decision was based on CA MTUS Acupuncture Medical Treatment and ACOEM Practice guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued unspecified treatment with pain management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127, ODG Pain (updated 10/30/14) Office visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** The patient presents with unrated lower back pain and bilateral lower extremity pain. The patient's date of injury is 10/08/12. Patient is status post right hemilaminectomy at L5-S1 level on 10/28/13. The request is for CONTINUED UNSPECIFIED TREATMENT WITH PAIN MANAGEMENT. The RFA is dated 11/14/14. Physical examination dated 11/07/14 reveals significant tenderness over the bilateral lumbar paraspinal muscles from L1 to the sacrum, tenderness to palpation of the bilateral buttocks, seated leg raise test is noted positive bilaterally at 90 degrees. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the lumbar spine conducted 12/31/13, significant findings include: "L5-S1: There is a moderate loss of disc height and signal intensity. There is a 4-5mm left greater than right broad-based protrusion/asymmetric disc bulge which mildly narrows the left lateral recess impinging the left S1 nerve root." Per 11/07/14 progress note patient is classified as temporarily totally disabled for 45 days. American College of Occupational and Environmental Medicine -ACOEM-, 2nd Edition, -2004- ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regards to the request for continuing consultation with a pain management provided, the referral appears reasonable. Progress reports provided indicate that this patient has had at least 1 visit with a pain specialist, on 10/02/14. The most recent progress report, dated 11/07/14 does not discuss a specific reason for continued consultation with a pain specialist. However, this patient's chronic pain symptoms could benefit from additional specialist treatment and such consultations are supported by guidelines at the treater's discretion. Therefore, the request IS medically necessary.

**Acupuncture to treat the lumbar spine 2x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with unrated lower back pain and bilateral lower extremity pain. The patient's date of injury is 10/08/12. Patient is status post right hemilaminectomy at L5-S1 level on 10/28/13. The request is for ACUPUNCTURE TO TREAT THE LUMBAR SPINE 2X4. The RFA is dated 11/14/14. Physical examination dated 11/07/14

reveals significant tenderness over the bilateral lumbar paraspinal muscles from L1 to the sacrum, tenderness to palpation of the bilateral buttocks, seated leg raise test is noted positive bilaterally at 90 degrees. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the lumbar spine conducted 12/31/13, significant findings include: "L5-S1: There is a moderate loss of disc height and signal intensity. There is a 4-5mm left greater than right broad-based protrusion/asymmetric disc bulge which mildly narrows the left lateral recess impinging the left S1 nerve root." Per 11/07/14 progress note patient is classified as temporarily totally disabled for 45 days. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20e a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. In regards to the request for 8 acupuncture treatments for the management of this patient's chronic lower back pain, the treater has exceeded guideline recommendations. While this patient has no record of previous acupuncture and could benefit from such therapies, the treater's request of 8 sessions exceeds MTUS guidelines, which indicate a maximum of 6 treatments during the trial period. Therefore, this request IS NOT medically necessary.