

<b>Case Number:</b>	CM15-0115288		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/03/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 37 year old male, who sustained an industrial injury on 8/03/2013. Diagnoses include chronic low back pain and sciatica. Treatment to date has included medications including Tramadol and Ambien and acupuncture. Magnetic resonance imaging (MRI) dated 5/13/2015 showed mild stenosis at L3-4. Per the Progress Report dated 5/11/2015, the injured worker reported moderate to severe low back pain and left hip/buttock pain. Physical examination revealed severe muscle spasm in the lumbar region and the left side of the mid- lower lumbar region showed slight swelling. Palpation produced severe tenderness bilaterally in the lumbar region which was more marked on the left side as well as in the middle of the spine. Certain movement would produce sharp, stabbing pain from the left buttock radiating down the lateral lower extremity. Palpation of the L4- L2 region produced sharp, shooting pain down to lower leg. Range of motion was limited upon flexion, extension, and forward and lateral bending. The plan of care included acupuncture, therapeutic exercise and massage. Authorization was requested for 12 sessions of acupuncture for the lumbar spine and Tramadol 50mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 12 sessions lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehab and/or surgical intervention to hasten functional recovery. The request is for 12 sessions of acupuncture to the lumbar spine area. MTUS Guidelines state that the time to produce functional improvement is 3-6 treatments. The request for 12 sessions of acupuncture exceeds the recommended amount and is not medically necessary.

**Tramadol 50 mg 1 tab po q 6 hours prn pain #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic pain Page(s): 78-80, 93-94.

**Decision rationale:** Tramadol is a synthetic opioid indicated for moderate to severe pain. The request is for #90 Tramadol 50 mg with 2 refills for chronic low back pain. In chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks). In this case, there is no documentation of improved pain relief or functional improvement with the use of Tramadol. There is also no opioid agreement or urine drug screen in assure compliance as required by the guidelines. Therefore the request is not medically necessary and has not been established.