

<b>Case Number:</b>	CM15-0121214		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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

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:

The injured worker is a 72 year old female who sustained an industrial injury on 10/04/12. Initial complaints and diagnoses are not available. Treatments to date include medications, home exercise program, acupuncture, and chiropractic care. Diagnostic studies are not addressed. Current complaints include neck, mid and low back pain, bilateral knee and elbow pain. Current diagnoses include chronic low back pain, lumbar/thoracic/cervical discogenic disease, cervical radiculopathy, chronic cervical spine sprain/strain, and bilateral knee degenerative joint pain. In a progress note dated 04/29/15 the treating provider reports the plan of care as continue Celebrex, and home exercise program, and a lumbar brace. The requested treatments include a lumbar brace and acupuncture to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture therapy twice weekly for 6 weeks lumbar spine:** Upheld

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

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

**Decision rationale:** This patient presents with chronic neck, back and bilateral knee pain. The current request is for Acupuncture therapy twice weekly for 6 weeks lumbar spine. The RFA is dated 04/29/15. Treatments to date include medications, home exercise program, acupuncture, and chiropractic care. The patient is currently retired. For acupuncture, 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, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The earliest record provided for review is dated 12/09/14 and notes that "acupuncture and chiropractic treatment has helped." On 01/19/15, a request was made for 12 additional acupuncture treatments. Report 03/19/15 states that prior acupuncture treatments have helped but the "symptoms returned." A request was made for 12 acupuncture visits. There are no acupuncture treatment reports provided for review and it is unknown how many total sessions of acupuncture the patient has had to date. Besides the statement that prior treatment helped, there is no documentation of how the treatment impacted the patient's function and if there was reduction in medical treatments. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions cannot be reasonably warranted as medically necessary. The requested 12 sessions of acupuncture IS NOT medically necessary.

**Lumbar brace per:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Lumbar supports.

**Decision rationale:** This patient presents with chronic neck, back and bilateral knee pain. The current request is for a lumbar brace. The RFA is dated 04/29/15. Treatments to date include medications, home exercise program, acupuncture, and chiropractic care. The patient is currently retired. X-rays of the lumbar spine revealed evidence of lumbar facet disease. The ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under the Low Back chapter on lumbar supports states, "Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but may be a conservative option." According to progress report 04/29/15, the presents with continued low back pain and reports being unable to bend over. Examination of the lumbar spine revealed decreased ROM, positive muscle spasms, and stiffness. The treater reviewed x-ray results which showed evidence of lumbar facet disease. The progress reports provided do not indicate that this patient has been issued any DME bracing for the lumbar spine to date. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain, there is very low grade evidence for this treatment modality. While this patient has a history of low back pain, there is no evidence of lumbar instability, spondylosis, fractures, or other acute injury which would warrant a lumbar brace. Therefore, the request IS NOT medically necessary.