

Case Number:	CM15-0173569		
Date Assigned:	09/15/2015	Date of Injury:	03/01/2013
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male, who sustained an industrial injury on March 1, 2013, resulting in pain or injury to the thoracic back pain. A review of the medical records indicates that the injured worker is undergoing treatment for sleep disturbance, hypertension, sprain of ribs, T-spine 4-5mm disc protrusion T12-L1, thoracic 5mm disc protrusion T8-T9, bilateral carpal tunnel syndrome, discogenic low back pain, and status post left carpal tunnel release. On July 15, 2015, the injured worker reported occasional pain in the bilateral wrists, ongoing pain in the neck, constant pain in the bilateral rib cage, sleep difficulty, decreased muscle mass and strength, and numbness and tingling with pain. The injured worker reported constant pain in his lower back traveling to his left lower extremity, rated as 9-10 on a numeric rating scale of 0-10 with 0 being no pain and 10 being the most severe pain, noting the pain is worsening, with numbness and tingling in the left lower extremity. The Primary Treating Physician's report dated July 15, 2015, noted the injured worker reported his pain was reduced with rest, activity modification, and heat. The physical examination was noted to show the injured worker ambulating normally, with straight leg raise supine and seated tests positive bilaterally. At levels L2-L3, L3-L4, and L4-L5 palpation revealed moderate paraspinal tenderness on the right. Myofascial point tenderness was noted more so in the right paraspinal region. The lumbar spine range of motion (ROM) was noted to be limited by pain. Prior treatments have included thoracic facet blocks on March 2, 2015, noted not to help, left carpal tunnel release in May 2014, physical therapy, and medications. The injured worker was noted to be prescribed a cane for prophylactic purpose to avoid exacerbation of the current injury. The Physician requested an open MRI for the

lumbar spine as the previous studies were too old and would need an updated MRI prior to the appointment with the spine surgeon. The Physician requested acupuncture for the lumbar spine to focus on reducing current pain levels. The injured worker was noted to be placed on temporary total disability until August 26, 2015. The request for authorization dated July 15, 2015, requested a lumbar MRI and additional acupuncture 2x6 for the lumbar spine. The Utilization Review (UR) dated August 5, 2015, non-certified the requests for a lumbar MRI and additional acupuncture 2x6 for the lumbar spine, as the medically necessary was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2x6 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: This claimant was injured in 2013, with pain or injury to the thoracic back pain, sleep disturbance, hypertension, sprain of ribs, T-spine 4-5mm disc protrusion T12-L1, thoracic 5mm disc protrusion T8-T9, bilateral carpal tunnel syndrome, discogenic low back pain, and status post left carpal tunnel release. As of July, there was still pain in the bilateral wrists, ongoing pain in the neck, constant pain in the bilateral rib cage, sleep difficulty, decreased muscle mass and strength, and numbness and tingling with pain. The injured worker reported constant pain in his lower back traveling to his left lower extremity. The doctor felt previous MRI were not current. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant out of the prior acupuncture treatments that are alluded to in the records. The sessions were appropriately non-certified under the MTUS Acupuncture criteria. The request is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI.

Decision rationale: This claimant was injured in 2013, with pain and injury to the thoracic back, pain, sleep disturbance, hypertension, sprain of ribs, T-spine 4-5mm disc protrusion T12-L1, thoracic 5mm disc protrusion T8-T9, bilateral carpal tunnel syndrome, discogenic low back pain, and status post left carpal tunnel release. As of July, there was still pain in the wrists, ongoing pain in the neck, constant pain in the bilateral rib cage, sleep difficulty, decreased muscle mass

and strength, and numbness and tingling with pain. The injured worker reported constant pain in his lower back traveling to his left lower extremity, but no documented progression of neurologic signs and symptoms since the prior MRI. The doctor felt previous MRI were not current. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000); Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome. Moreover, whether or not an MRI is current is not an MTUS criteria for repeat studies. The request is not medically necessary.