| Case Number: | CM15-0174677 | | |
|---|---|---|---|
| Date Assigned: | 09/16/2015 | Date of Injury: | 03/11/2013 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

## 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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand Surgery

## 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 63 year old female, who sustained an industrial injury on March 11, 2013. On June 11, 2015, the injured worker was re-evaluated and treated for her industrial injury. She reported intermittent right leg pain. On physical examination the injured worker exhibited an antalgic gait. She had no kyphosis or scoliosis deformity of the lumbar spine and had an abnormal toe walk and heel walk on the left. She has tenderness to palpation in the paraspinous musculature of the lumbar region on the left and midline tenderness was noted over the lumbar spine. Her lumbar spine range of motion was limited in all directions with flexion of 15 degrees, extension of 10 degrees, rotation right of 20 degrees, rotation left of 20 degrees, tilt to the right of 10 degrees and tilt to the left of 10 degrees. She has spasm on lumbar spine range of motion. Sensory testing with a pinwheel was normal except for a decreased pin sensation in the left foot dorsum and left posterolateral calf. Motor examination by manual muscle test is normal. Motor examination by manual muscle test was normal except for a grade 4 plantar flexor and toe extensor on the left. She had left sacroiliac tenderness on compression and sciatic nerve compression was positive on the left. She had straight leg raise on the right-left of supine 60 degrees and seated 50 degrees. She had a left hip range of motion of abduction 30 degrees, adduction 25 degrees, flexion 100 degrees, extension 10 degrees, internal rotation 30 degrees and external rotation of 30 degrees. The intramedial stress of the pelvis produces pain and she had a Trendelenburg test, which was positive on the left. Her motor power to the left hip was weak and she had a normal sensory examination of the left hip. The injured worker was diagnosed as having lumbar spine discopathy with radiculopathy to the right side, lumbar disc herniation syndrome, and hip bursitis. Upon discussion with the evaluating physician the

injured worker noted that the pain at the posterior iliac crest lateral left side had worsened and radiated into the lower extremity to the level of the foot. Treatment to date has included H-wave, previous aqua therapy, and medications. A request for authorization for eight sessions of acupuncture therapy, flurbiprofen-baclofen-cyclobenzaprine-gabapentin 1-2 grams, eight sessions of aqua therapy and an MRI Of the lumbar spine was sent to utilization review on August 14, 2015. On August 19, 2015 the Utilization Review physician determined eight sessions of acupuncture therapy be modified to four sessions of acupuncture therapy and determined that flurbiprofen- baclofen-cyclobenzaprine-gabapentin 1-2 grams, eight sessions of aqua therapy and an MRI Of the lumbar spine were not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per ACOEM, Low Back, "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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In this case, the patient has symptoms that have not resolved with H-wave treatment and medications. She may require surgery, and MRI is indicated per ACOEM.

**Acupuncture treatment, 8 visits (2 x 4):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Per MTUS: (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. The surgeon has requested 8 visits, but MTUS supports only six visits. The records do not provide a rationale to support exceeding the guidelines.

**Aqua therapy, 8 sessions (2 x 4):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per ACOEM, Low Back: " Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." Aqua therapy is a physical method, and insufficient data exists to support this treatment.

**Flurbiprofen, Baclofen, Cyclobenzaprine, Gabapentin 1-2 grams to affected area 1-2 times daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS, page 111, Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per MTUS page 113: Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The muscle relaxants in the topical medication are not approved. Therefore, the request is not certified.