

<b>Case Number:</b>	CM15-0038477		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 42 year old male, who sustained an industrial injury, reported on 8/7/2013. He reported constant, severe low back pain, and stiffness with heaviness and weakness in the legs, relieved by medication. The diagnoses were noted to include thoracic or lumbar neuritis or radiculitis; lumbago/low back pain syndrome/lumbalgia. Treatments to date have included consultations; multiple diagnostic imaging studies; acupuncture treatments; chiropractic treatments; electromyogram and nerve conduction studies; and medication management. The work status classification for this injured worker (IW) was noted to remain off work until 2/22/2015. On 2/11/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 2/4/2015, for magnetic resonance imaging of the lumbar spine; acupuncture, 2 x a week x 6 weeks (12 sessions); chiropractic therapy, 2 x a week x 6 weeks (12 sessions); and Protonix 20mg #60. The Medical Treatment Utilization Schedule, lumbar spine, magnetic resonance imaging, acupuncture, manual therapy & manipulation, Protonix; the American College of Occupational and Environmental medicine Guidelines, chapter 12; and the Official Disability Guidelines, formulary, low back complaints, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with low back pain radiating to both legs rated at 8/10. The request is for MRI LUMBAR SPINE. The request for authorization is not provided. According to the patient, X-rays were obtained of his neck and low back, which showed damage to his lumbar spine discs, and pain medications and physical therapy were initiated. MRI of the neck and low back, date unspecified, confirmed damage in the lumbar spine. EMG/NCV study of both lower extremities was positive for nerve damage, and acupuncture treatments were initiated. The patient was administered three epidural injections to his lumbar spine which provided good but temporary relief. He is positive Lewin's punch test on the left paravertebral area. He is positive straight leg raise bilaterally. He is positive Kemp's test and positive Deyerle's sign bilaterally. Patient's medications include Naproxen and Protonix. The patient is not working. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Treater does not provide reason for the request generated on 02/04/15. The patient has had prior MRI from 2014 as progress report from 09/02/14 states, "The patient was subsequently referred for an MRI of his neck and low back. The MRI confirmed damage in the lumbar spine." The treater does not explain why another MRI is needed. There are no new injuries, no deterioration or progression of neurologic deficits, no red flags such as suspicion for tumor, infection or fracture. Furthermore, the patient is not post-operative. Based on submitted documentation and discussions there does not appear to be a valid reason for an updated MRI. Therefore, the request IS NOT medically necessary.

**Acupuncture 2x6:** 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 low back pain radiating to both legs rated at 8/10. The request is for ACUPUNCTURE 2X6. The request for authorization is not provided. According to the patient, X-rays were obtained of his neck and low back, which showed damage to his lumbar spine discs, and pain medications and physical therapy were initiated. MRI of the neck and low back, date unspecified, confirmed damage in the lumbar spine. EMG/NCV study of both lower extremities was positive for nerve damage, and acupuncture treatments were initiated. The patient was administered three epidural injections to his lumbar spine, which

provided good but temporary relief. He is positive Lewin's punch test on the left paravertebral area. He is positive straight leg raise bilaterally. He is positive Kemp's test and positive Deyerle's sign bilaterally. Patient's medications include Naproxen and Protonix. The patient is not working. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not provide reason for the request. Per progress report dated, 09/02/14, treater states, "Acupuncture treatments were subsequently initiated." However, there is no treatment history or acupuncture notes available for review. Given patient's condition, a trial of acupuncture would be indicated by guidelines. However, the request for 12 sessions exceeds what is allowed by MTUS for a trial of acupuncture. If the treater's intent was additional treatment, MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments, prior to extending additional treatments. However, there are no discussions of specific examples describing significant change in ADL's or work functions, nor documented decrease in medications, to warrant extension of acupuncture treatment. Therefore, the request IS NOT medically necessary.

#### **Chiropractic therapy 2x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 61-62.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy. Pain outcome and endpoints Page(s): 58-59, 8-9.

**Decision rationale:** The patient presents with low back pain radiating to both legs rated at 8/10. The request is for CHIROPRACTIC THERAPY 2X6. The request for authorization is not provided. According to the patient, X-rays were obtained of his neck and low back, which showed damage to his lumbar spine discs, and pain medications and physical therapy were initiated. MRI of the neck and low back, date unspecified, confirmed damage in the lumbar spine. EMG/NCV study of both lower extremities was positive for nerve damage, and acupuncture treatments were initiated. The patient was administered three epidural injections to his lumbar spine which provided good but temporary relief. He is positive Lewin's punch test on the left paravertebral area. He is positive straight leg raise bilaterally. He is positive Kemp's test and positive Deyerle's sign bilaterally. Patient's medications include Naproxen and Protonix. The patient is not working. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Treater does not provide reason for the request. Per chiropractic treatment reports dated from 12/15/14 to 01/05/15 documents patient has had 6

previous sessions. Given patient's current condition, guidelines would allow for additional treatments. However, the treater does not provide discussion of objective functional improvement, decrease in pain and improvement of quality of life. Therefore, the request IS NOT medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with low back pain radiating to both legs rated at 8/10. The request is for PROTONIX 20MG #60. The request for authorization is not provided. According to the patient, X-rays were obtained of his neck and low back, which showed damage to his lumbar spine discs, and pain medications and physical therapy were initiated. MRI of the neck and low back, date unspecified, confirmed damage in the lumbar spine. EMG/NCV study of both lower extremities was positive for nerve damage, and acupuncture treatments were initiated. The patient was administered three epidural injections to his lumbar spine, which provided good but temporary relief. He is positive Lewin's punch test on the left paravertebral area. He is positive straight leg raise bilaterally. He is positive Kemp's test and positive Deyerle's sign bilaterally. Patient's medications include Naproxen and Protonix. The patient is not working. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Per progress report dated, 01/08/15, treater's reason for the request is "for Gastritis," but does not describe the patient's symptoms nor response to this medication. Although patient is prescribed Naproxen, treater does not provide GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress report does not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, Protonix is indicated for GERD and erosive esophagitis, which is not discussed, either. Therefore, the request IS NOT medically necessary.