

<b>Case Number:</b>	CM15-0078415		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/25/2012
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 62-year-old female sustained an industrial injury to the low back on 12/25/12. Documentation failed to disclose previous treatments. In a SOAP noted dated 3/19/15, the injured worker complained of low back pain with radiation to the right leg and foot associated with tingling and weakness. The injured worker rated her pain 5-10/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation over the lumbar spine paraspinal musculature with spasms, sciatic notch tenderness and positive right straight leg raise. Current diagnoses included lumbar spine displacement of disc without myelopathy, secondary diabetes mellitus and lumbar spine spondylosis without myelopathy. The physician noted that he had previously requested lumbar spine epidural steroid injections but wanted to reverse the request because chart review revealed that the injured worker had poorly controlled diabetes mellitus and steroids tended to elevate her blood sugar significantly. The treatment plan included spinal surgery consultation, a trial of acupuncture twice a week for four weeks and medications (Tramadol ER).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture sessions, twice weekly, lumbar spine:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm". Furthermore and according to MTUS guidelines, "Acupuncture with electrical stimulation" is the use of electrical current (micro amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. There no clear documentation that patient developed chronic musculoskeletal dysfunction requiring acupuncture. There is no documentation of the outcome of previous physical therapy. There is no documentation that the patient cannot perform home exercise. In addition, the frequency of the treatment should be reduced from 8 to 3 or less sessions and more sessions could be considered if objective documentation of efficacy. Therefore, the request for 8 Acupuncture sessions, twice weekly, lumbar spine is not medically necessary.

**Consultation with a spine surgeon for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted (e) Inadequate

employer support (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). The provider reported did not document lack of pain and functional improvement that require referral a spine specialist. There no signs of spinal cord irritation or radiculopathy or other red flags that require the opinion of spine specialist. The requesting physician did not provide a documentation supporting the medical necessity for a spine surgeon evaluation. The documentation did not include the reasons, the specific goals and end for using the expertise of a specialist for the patient pain. Therefore, the request for Consultation with a spine surgeon for the lumbar spine is not medically necessary.