

Case Number:	CM15-0093650		
Date Assigned:	05/19/2015	Date of Injury:	04/02/2014
Decision Date:	06/24/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/14/2015

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 39 year old female, who sustained an industrial injury on April 2, 2014. The injured worker was diagnosed as having lumbar spine sprain/strain, lumbosacral radiculitis rule out disc disease, and depression. Treatment to date has included physiotherapy, activity modification, and medication. Currently, the injured worker complains of constant neck pain, constant lower back pain, difficulty sleeping, and depression. The Primary Treating Physician's report dated November 13, 2014, noted the injured worker was two months pregnant, recommended to stop all medications while she was pregnant. Physical examination was noted to show palpation revealing paraspinal muscle and spinal muscle guarding and spasms bilaterally, with spinal muscle guarding and spasms radiating to the upper trapezius bilaterally, with Spurling, extension compression, and flexion compression tests positive bilaterally. The cervical spine range of motion (ROM) was noted to be limited by pain and spasm. Straight leg raise was noted to be positive bilaterally, with moderate paraspinal tenderness bilaterally at T12-L1, L1- L2, L2-L3, L3-L4, L4-L5, L5-S1 and S1 levels. The treatment plan from a Treating Physician's report dated March 16, 2015, was noted to include starting the injured worker on Fexmid, Ultram ER, and Effexor ER, with request for authorization for acupuncture treatments, massage therapy, and a MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 for low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture, 9792.20(e) Page(s): 8.

Decision rationale: The 39 year old patient presents with lower back pain, lumbar facet joint sprain/strain/arthritis, myofascial pain syndrome, and bilateral sacroiliac joint pain, as per progress report dated 03/16/15. The request is for ACUPUNCTURE 3 X 4 FOR LOW BACK. No RFA could be found for this request. The patient's date of injury is 04/02/14. As per progress report dated 11/13/14, the patient complains of neck pain, rated at 6/10, lower back pain, rated at 7/10, sleep disturbances, anxiety and depression. The patient is also 7 weeks pregnant, as per the same report. Medications, as per progress report dated 03/16/15, included Fexmid, Ultram and Effexor. The patient is temporarily totally disabled, as per the same progress report. For acupuncture, the 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, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. In this case, the progress reports do not document prior acupuncture therapy. A request for this treatment is noted in progress report dated 03/16/15. The treater, however, does not discuss how it will benefit the patient. While MTUS supports the use of acupuncture, it recommends an initial trial of 3 to 6 treatments. Subsequent therapy will depend on the impact of these sessions on pain and function. Hence, the current request of 12 sessions without the initial trial is excessive and IS NOT medically necessary.

MRI Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Lower back - Lumbar & Thoracic, Magnetic resonance imaging (MRIs).

Decision rationale: The patient presents with lower back pain, lumbar facet joint sprain/strain/arthritis, myofascial pain syndrome, and bilateral sacroiliac joint pain, as per progress report dated 03/16/15. The request is for MRI LUMBAR SPINE. The RFA for an MRI is dated 10/16/14 body part is not mentioned in the request. The patient's date of injury is 04/02/14. As per progress report dated 11/13/14, the patient complains of neck pain, rated at 6/10, lower back pain, rated at 7/10, sleep disturbances, anxiety and depression. The patient is also 7 weeks pregnant, as per the same report. Medications, as per progress report dated 03/16/15,

included Fexmid, Ultram and Effexor. The patient is temporarily totally disabled, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back - Lumbar & Thoracic (Acute & Chronic) and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, none of the progress reports document prior MRI of the lumbar spine. The request for the MRI is noted in progress reports dated 10/16/14 and 03/16/15, some of the pages are missing. In report dated 03/16/15, the treater states that the patient suffers from low back pain that does not radiate to her lower extremities, and requests for an MRI is to rule out herniated nucleus pulposus and nerve root impingement with neural foraminal narrowing. Physical examination, as per progress report dated 10/16/14, did not reveal any loss of sensation in the lumbar region. Straight leg raise was positive bilaterally but it is not certain how this is possible as the patient does not present with any leg symptoms. ODG guidelines support MRIs when neurologic symptoms are present but this patient does not present with any neurologic symptoms such as radicular pain, weakness, balance issues or other red flags. Hence, the request IS NOT medically necessary.

Massage therapy 2 x 6 for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The patient presents with lower back pain, lumbar facet joint sprain/strain/arthritis, myofascial pain syndrome, and bilateral sacroiliac joint pain, as per progress report dated 03/16/15. The request is for MASSAGE THERAPY 2 X 6 FOR LOWER BACK. No RFA could be found for this request. The patient's date of injury is 04/02/14. As per progress report dated 11/13/14, the patient complains of neck pain, rated at 6/10, lower back pain, rated at 7/10, sleep disturbances, anxiety and depression. The patient is also 7 weeks pregnant, as per the same report. Medications, as per progress report dated 03/16/15, included Fexmid, Ultram and Effexor. The patient is temporarily totally disabled, as per the same progress report. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. In this case, a request for massage therapy is noted in progress report dated 03/16/15. None of the reports document prior treatment. MTUS, however, recommends only 4 to 6 visits. Hence, the treater's request for 12 sessions is excessive and IS NOT medically necessary.