

<b>Case Number:</b>	CM13-0010624		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated July 23, 2013, the claims administrator approved eight sessions of physical therapy, partially certified a request for eight sessions of acupuncture as six sessions of acupuncture, and denied an epidural steroid injection. The claims administrator stated that the applicant did not have radiographic or electrodiagnostic corroboration of radicular complaints and used that as a basis to deny the epidural steroid injection. The applicant's attorney subsequently appealed. A June 13, 2014 progress note is notable for comments that the applicant reported persistent complaints of low back pain, neck pain, and right shoulder pain, 4/10, aching and throbbing. The applicant was on Xanax, Norco, Mentherm, and Tylenol with Codeine, it was acknowledged. Numbness and right upper extremity weakness were reported on review of system section. Right upper extremity scored a 4/5 versus 5/5 of left upper extremity. A rather proscriptive 5-pound lifting limitation was endorsed, which the attending provider suggested that the applicant's employer was unable to accommodate. It appears that an epidural steroid injection was performed on May 14, 2014. On April 4, 2014, the applicant's treating provider posited that the applicant had evidence of a C6-C7 radiculopathy and stated that epidural steroid injection therapy at that level was therefore being sought. An epidural steroid injection was also performed on January 22, 2014. On January 7, 2014, the applicant's treating provider stated that he would schedule the applicant for an epidural steroid injection at C6-C7. The applicant again exhibited diminished grip strength in the 4/5 range about the right side and hyposensorium about the C6-

C7 distribution on this occasion, it was further noted. In a medical-legal evaluation of April 20, 2014, the medical-legal evaluator did review the treatment the applicant had received to date. The medical-legal evaluator did not specifically mention the applicant's having had epidural steroid injection therapy, either before or after the date of the Utilization Review Report, but did acknowledge that the applicant had had acupuncture at various points in 2013. The medical-legal evaluator stated that the applicant had had a history of electrodiagnostic testing establishing radiculopathy at C6-C7.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ACUPUNCTURE FOR EIGHT (8) SESSIONS FOR CERVICAL AND LUMBAR SPINES QTY:8.00: Upheld**

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

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

**Decision rationale:** As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The request for eight sessions of treatment, thus, does represent treatment in excess of MTUS parameters. No rationale for the same was proffered. It is further noted that the request in question does appear to represent a renewal request for acupuncture. As noted in MTUS 9792.24.1.d, however, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f. In this case, however, the applicant has seemingly failed to effect any lasting benefit or functional improvement as defined in Section 9792.20f despite completion of earlier acupuncture. The applicant is off of work. A rather proscriptive 5-pound lifting limitation remains in place, seemingly unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including epidural steroid injection therapy and opioid therapy with Norco and Tylenol with Codeine. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of acupuncture over the course of the claim. Accordingly, the request for eight sessions of acupuncture is not medically necessary.

#### **CERVICAL EPIDURAL STEROID INJECTION, RIGHT SIDE AT C6-C7: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferable that which is radiographically and/or electrodiagnostically confirmed. In this case, per the

applicant's medical-legal evaluator, the applicant does have electrodiagnostically confirmed radiculopathy. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural injections. Based on a survey of the file, including a survey of medical-legal reports, there is no concrete evidence that the applicant had had an epidural steroid injection prior to the date of the Utilization Review Report, July 23, 2013. Thus, the request is question did seemingly represent a first-time request for epidural steroid injection therapy. This was indicated. Therefore, the request was medically necessary.