

<b>Case Number:</b>	CM13-0029526		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Texas. 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 physician 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.

### 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 claimant is a 31-year-old male with a reported date of injury of 10/11/2010. The mechanism of injury is described as previously injuring his back in 2009 after lifting a 90 pound box to his chest level and then on 10/11/2010 his back became painful again. He was taken to surgery on 08/13/2013 for a preoperative diagnosis of lumbar radiculopathy and procedure was performed was a lumbar epidural steroid injection under fluoroscopy at L4-5. He returned to clinic on 08/22/2013 indicating he was very stiff after the injection and the medications and injections have helped to alleviate his pain somewhat. On 09/19/2013 when he was examined, strength was rated at 5/5, deep tendon reflexes were not examined, and he subjectively reported numbness in the L4-5 distribution to the left. EMG studies performed on 11/12/2013 failed to document a definite root lesion involving either lower extremity. It was only suggestive of a possible left L5 radiculopathy. He was seen for acupuncture care on 11/18/2013, 11/20/2013, 11/25/2013, and 11/27/2013. Diagnoses include lumbar disc herniation and lumbar radiculopathy and plan going forward was to recommend another epidural steroid injection and acupuncture 2x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Epidural steroid injections Page(s): 46.

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

**Decision rationale:** MTUS chronic pain guidelines state "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Also, the claimant should be "Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The records indicate this claimant did not have significant pain relief following the previous epidural steroid injection on 08/13/2013. He reported that he was stiff and reported that with help of medications and the injection, his pain was relieved somewhat. This was not objectively identified. The electrodiagnostic study does not confirm left L5 radiculopathy and no imaging study was provided for this review to objectively document significant pathology of the lumbar spine that would document radiculopathy on imaging studies. He has undergone approximately 4 acupuncture treatments and the most recent clinical note dated 11/27/2013 does not provide evidence that he has improved and states that improvement is less than expected with that modality. The records do not indicate that he is currently receiving adjunctive therapy such as physical therapy or any other type of rehab. Therefore, this request is not considered medically necessary and is non-certified.

**Acupuncture 2x3:** Upheld

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

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

**Decision rationale:** MTUS/ACOEM acupuncture guidelines state "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." MTUS Acupuncture Guidelines further indicate that the time to produce functional improvement would be 3 to 6 treatments with a frequency of 1 to 3 times per week with an optimum duration of 1 to 2 months. The records indicate that he has undergone at least 4 acupuncture treatments and the most recent note dated 11/27/2013 indicates that improvement is less than expected. Therefore, he is not improved with this modality. Lacking documentation of improvement with acupuncture, rationale for continuing this treatment has not been provided for this review. Therefore, this request is not considered medically necessary and is non-certified.