

<b>Case Number:</b>	CM13-0031909		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma 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. 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 patient is a 38-year-old male who sustained a work-related injury on 06/27/2012. The clinical information indicates the patient's prior treatment includes epidural steroid injections x2, acupuncture, chiropractic treatment, and physical therapy. The patient was evaluated 4 weeks status post a second epidural steroid injection at which time the patient reported 80% improvement in his symptoms; however, there was no documentation of decreased medication use. Subjectively, the patient reported complaints of low back pain which he rated 5/10. The patient reported taking anti inflammatories and tramadol. Objectively, the patient had a positive straight leg raise, positive Patrick's sign, intact sensation and motor strength, and normal deep tendon reflexes. The patient's diagnoses included lumbar disc herniation and lumbar radiculopathy. Request for authorization was made for a right transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2X/WK FOR 3WKS FOR LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** Acupuncture guidelines state that "acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The clinical provided indicates the patient has undergone prior acupuncture treatment, but there is lack of objective documentation of functional improvement and pain reduction. Additionally, there is lack of documentation to indicate medication intolerance or decreased medication usage with prior acupuncture treatment. As such, the request for acupuncture 2 times a week for 3 weeks for the lumbar is non-certified.

**LEST INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Epidural Steroid Injections .

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

**Decision rationale:** CA MTUS Guidelines for the use of epidural steroid injections state that "in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks." The clinical information submitted for review indicates the patient has undergone 2 prior epidural steroid injections with about 80% pain relief 4 weeks after the second injection. However, the clinical information submitted for review lacks objective documentation of functional improvement or medication reduction. As such, the request is not supported. Therefore, the request for LEST injection is non-certified.