

<b>Case Number:</b>	CM13-0040736		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Nevada. 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 injured worker is a 70-year-old individual who was reportedly injured on 8/9/2010. The mechanism of injury was noted as a work-related injury as a truck driver. The most recent progress note, dated 9/25/2013, indicated that there were ongoing complaints of low back pain radiating into the right lower extremity. The physical examination demonstrated lumbar spine: no tenderness to palpation or spasm noted along lumbar spine from L1 to sacrum. Range of motion lumbar spine was limited. Positive straight leg raise on the right. Neurological: none was noted in the L3, L4 and L5 distributions in the right leg. Muscle strength was 4/5. Reflexes 2+ lower extremity equal bilaterally. No recent diagnostic studies were available for review. Previous treatment included previous lumbar surgery, physical therapy, and steroid injection of the right knee and medications tramadol, hydrocodone 5/500 and Soma. A request had been made for acupuncture 2 times a week for 3 weeks, lumbar epidural injection and was not certified in the pre-authorization process on 10/9/2013. 5674

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 2 times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 13 OF 127.

**Decision rationale:** 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. Acupuncture can be used to reduce pain, reduce inflammation, increase bloodflow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. After review of the medical documentation provided, I was unable to identify subjective complaints as well as objective findings in the physical exam section to warrant the need for this requested treatment modality. Therefore, the request is deemed not medically necessary.

**Lumbar epidural injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 OF 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was insufficient clinical evidence that the proposed procedure meets the California MTUS guidelines. Specifically, there was no documentation of corroboration of the physical findings by diagnostic or imaging study. It was noted that there were signs of radiculopathy in the right lower extremity in the L3, L4 and L5 dermatomes. As such, the requested procedure is deemed not medically necessary.