

<b>Case Number:</b>	CM13-0048439		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/23/2004
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This patient is a 40-year-old female with date of injury of 02/23/2004. Per treating physician's report on 11/06/2013, the patient presents with chronic low back pain at 6/10 intensity, constant stiffness, achiness, burning down the left leg and left knee to the foot with numbness and tingling, left leg becomes weak. The patient's current medications include Sonata, Lyrica, Vicodin, Advil, Prilosec, Flexeril, and Imitrex. Examination showed diffuse tenderness to palpation over the paravertebral musculature, moderate facet tenderness to palpation noted at L4 to S1 levels. Listed assessments are lumbar degenerative disk disease, lumbar facet syndrome, left sacroiliac joint arthropathy. Recommendation is for bilateral L4 through S1 medial branch blocks given the patient's facet joint pain on physical examination and facet arthropathy on MRI scan. The patient has failed conservative treatments including physical therapy, chiropractic treatments, medication, rest and home exercise program. The 10/07/2013 report is also reviewed, which has a patient with fibromyalgia, chronic fatigue syndrome, neck pain, right shoulder pain, and seen for followup. MRI from 07/26/2013 showed no disk protrusion, but facet joint arthropathy over the lumbar spine; needing refills of medications. Trigger point injection authorized. Listed assessment: Right shoulder pain, bursitis, fibromyalgia, and chronic fatigue syndrome. For treatments, TENS unit supplies, Biofreeze, trigger point injections, refill of medications, but no discussion regarding acupuncture. Recommendation was also for right shoulder steroid injection. There is a handwritten note by [REDACTED], [REDACTED], from 06/26/2013 and it has check marks next to C-T-L spine and shoulder bilaterally, a check mark next to chronic condition, and also a check mark next to 2x3 as a trial, and it states acupuncture requested to avoid deconditioning and dependency on the use of past modalities. Concurrent with this report from 06/26/2013, there is a typewritten report by [REDACTED] and this report states, "The patient is to start with authorized acupuncture at a frequency of 2 times per

week for 3 weeks." Progress report 07/09/2013 by [REDACTED] states that given the patient's recent worsening of symptoms, continue to request MRIs, increase Vicodin 4 a day and prescribe Fexmid. This report does not contain any discussion regarding the recently scheduled acupuncture treatments. The patient simply started to experience increased pain. The 08/14/2013 supplemental report by [REDACTED] states that the patient has failed conservative care including aquatic therapy and acupuncture, activity modification, medication, home therapy regimen, and the request was for referral to [REDACTED] for consideration of lumbar facet blocks and left SI joint injection.

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

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

#### **LUMBAR FACET BLOCKS AND LEFT SACROILIAC JOINT INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections); Hip & Pelvis - Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Lumbar Facet joint signs & symptoms.

**Decision rationale:** This patient presents with chronic low back pain with radiation down the lower extremity. The current request is for lumbar facet blocks and SI joint injections. Review of the reports show that the patient presents not only low back pain with clear radiating symptoms down the lower extremities, described as pain that is going all the way down to the foot. MRI of the lumbar spine taken from 07/26/2013 showed no disk protrusion, central canal narrowing with mild facet arthropathy of the lumbar spine. The treating physician would like to try lumbar facet diagnostic injections bilaterally from L4-S1 but ODG Guidelines do not support lumbar facet diagnostic evaluation when radicular symptoms are present or pain radiating down to the lower extremity. Given the patient's significant pain down the lower extremity, facet diagnostic evaluations are not supported. For SI joint injections, ODG Guidelines only recommend it if the patient presents with at least 3 positive physical examination maneuvers for specific SI joint syndrome. On this patient, the treating physician provides conflicting results listing positive response to left SI joint provocative maneuver such as sacroiliac tenderness, FABERE's/Patrick's, SI Yeoman's test. He noted that this was negative on the right side. However, under tenderness, he described diffuse tenderness to palpation noted over the paravertebral musculature, and facet tenderness moderately to palpation noted at L4-S1 levels. Furthermore, the patient's objective complaints are not congregated over to the left side. It appears that the treating physician is finding examinations to support his desired injection. SI joint pain and facet joint pains are distinctively different types of condition. In this case, based on review of the reports, one cannot tell what this patient has due to conflicting reporting through subjective pain, tenderness/trigger points examination, facet tenderness and SI joint maneuvers. Recommendation is for denial.

**ACUPUNCTURE TWO (2) TIMES A WEEK FOR THREE (3) WEEKS TO THE CERVICAL SPINE AND BILATERAL SHOULDERS: Upheld**

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

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

**Decision rationale:** This patient presents with chronic low back and neck pain. The current request is for acupuncture 2 times a week for 3 weeks but review of the utilization review letter dated 10/16/2013 addressed his request for 12 sessions of acupuncture. Despite review of multiple reports, and 305 pages of reports included for this review, this specific request for authorization for acupuncture is missing and none of the progress reports containing this specific request is missing. Review of the reports do show that the patient was authorized for acupuncture treatments back in 06/26/2013 with [REDACTED] report discussing the patient being scheduled for acupuncture. Subsequent report on 07/09/2013 reports that the patient's pain is increased although this report does not discuss acupuncture treatments. Another report from 08/14/2013 states that the patient has failed conservative care including acupuncture treatments. MTUS Guidelines do not support ongoing acupuncture treatments unless functional improvement is documented. The patient appears to have tried 6 sessions of acupuncture back in 06/26/2013. Subsequent reports do not document any improvement. In fact, 08/14/2013 report by [REDACTED] indicates that the patient has failed acupuncture. In this case, there is no reason to authorize additional acupuncture treatments as acupuncture treatments have not helped in the past. Recommendation is for denial.