

<b>Case Number:</b>	CM13-0050101		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 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:

This patient is a 49-year-old male with a date of injury of 01/27/2012. The listed diagnosis per [REDACTED] is lumbar strain/sprain. According to report dated 10/18/2013 by [REDACTED] the patient presents with continued lower back symptoms. Physical examination indicates "noncompliance." The examination and report provided for review is handwritten, partially eligible, and very limited in information. MRI of the lumbar spine dated 10/10/2012 demonstrates bilateral neuroforaminal narrowing at L3-L4, L4-L5, and L5-S1. The treating physician is requesting a lumbar epidural steroid injection and acupuncture for the lumbar spine 2 times 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Section on Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Epidural Steroid Injections (ESIs Page(s): 46-47.

**Decision rationale:** This patient presents with continued low back pain symptoms. The treating physician is requesting a lumbar ESI. The MTUS Guidelines page 46, 47 recommends ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. In this case, in the review of reports dated 02/07/2013 to 10/18/2013, there are no documentations of subjective or objective findings of dermatomal distribution of symptoms in any of the reports. Furthermore, there are no MRI reports and EMG report dated 08/28/2013 shows negative findings. In addition, none of the 7 reports provided for review includes the level that is being requested. The requested lumbar ESI is not medically necessary and recommendation is for denial.

**Acupuncture for the lumbar spine 2X4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain and the Restoration of Function Chapter.

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

**Decision rationale:** This patient presents with continued low back pain symptoms. The treating physician is requesting additional acupuncture for the lumbar spine 2 x 4. The MTUS Guidelines for acupuncture page 8 recommends acupuncture for pain suffering and the restoration of function "recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 3 times per week with optimum duration or 1 to 2 months. Acupuncture treatments may be extended if function is documented as defined in section 9792.20 (E) Documentation of clinically significant improvement in ADL or restriction of work and reduction in work restrictions and decreased dependency in medical treatments." In this case, the treating physician does not provide any discussion regarding functional improvement from prior acupuncture treatments. Every month, the treating physician requests acupuncture treatments, however, there are no discussions of the treatment efficacy. Utilization review dated 10/29/2013 does state that the patient has received 16 acupuncture visits thus far. The requested additional 8 acupuncture visits is not medically necessary and recommendation is for denial.