

<b>Case Number:</b>	CM13-0063012		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 46 year old male with a work injury dated 6/21/13. The injury occurred while when he felt a sharp pain in his low back while pushing a heavy piece of equipment. The patient reports pain in the low back with radiation to the right lower extremity. His diagnoses include lumbar disc protrusion, lumbar radiculopathy, cervical myofascial pain, thoracic sprain. Under consideration is a request for an epidural injection and acupuncture 6 sessions for the back. There is a report dated 4/17/14 Qualified Medical Evaluation with the date of exam 3/19/14 that states that the patient reports increasing neck and back pain with radiation of numbness/tingling into the feet. His legs feel weak and his right leg buckles at times. The physical examination revealed that the patient had an antalgic gait. He uses a cane on the right. He can heel and toe walk. There is decreased lumbar range of motion. There is a positive bilateral straight leg raise. The left quadriceps are weak 4/5. The remaining motor strength is 5/5. Sensation is decreased at the right L4 dermatomes and the left L5, S1 dermatomes. Per this document the patient had at least 1 month of PT and acupuncture which did not help him. Per this document on a 10/21/13 office visit the patient has low back pain radiating down his legs. There is decreased lumbar range of motion. There is a positive straight leg raise on the right with decreased sensation in the right L5, S1 dermatomes. Both patella reflexes are suppressed. There is weakness in dorsi and plantar flexion in the right foot. There is a 7/29/13 MRI of the lumbar spine without contrast that reveals that at L5-S1 there is mild disc degeneration is present with retrolisthesis (6 mm), circumferential endplate osteophytes, and right paracentral 4-5 mm disc protrusion impinging upon the traversing right S1 nerve in the subarticular recess. Moderate facet arthropathy is seen with a mild degree of central canal narrowing without significant central stenosis. Moderate

right-sided foramen narrowing is present. Per documentation patient had a nerve conduction study/EMG on 10/3/13 which revealed a mild acute L5 radiculopathy on the right.

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

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

**Epidural injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

**Decision rationale:** Epidural injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Although the patient has failed conservative treatment and has evidence of radicular pathology in the right L5,S1 distribution on physical, history, electrodiagnostic and lumbar imaging studies, the request as written does not indicate a level or which side of the lumbar spine for the epidural steroid injection and therefore is not medically necessary.

**Acupuncture (6) sessions for the low back:** Upheld

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

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

**Decision rationale:** Acupuncture 6 sessions for the low back is not medically necessary per the MTUS Acupuncture Guidelines. The documentation indicates that the patient has had prior acupuncture sessions. The MTUS states that Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The documentation does not indicate significant functional improvement (as defined by the MTUS) or improvement in pain from prior acupuncture sessions therefore acupuncture 6 sessions for the low back is not medically necessary.